Arizona State Hospital

PHOENIX • ARIZONA

ANNUAL REPORT

July 1, 1958 - June 30, 1959







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LOWELL C. WORMLEY, M. D., CHAIRMAN
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BISBEE, ARIZONA
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PHOENIX, ARIZONA

Arizona State Hospital Board

Phoenix, Arizona

R. A. CLELLAND
SECRETARY

The Honorable Paul J. Fannin
Governor of the State of Arizona
Phoenix, Arizona

Dear Governor Fannin:

It is with great pride that I am privileged to present to you at this time the Annual Report of the State Hospital. Up to this time it is my opinion that this State Institution has planned and progressed for the past five years far and beyond institutions of like nature with similar financial, personnel and physical handicaps.

The mental health of all of us is rapidly becoming the greatest common denominator in our National Welfare. In the wake of inadequacies in the correction and prevention of mental health problems, there follow juvenile delinquency, various types of crimes, alcoholism, drug addiction and other civil disturbances associated with emotional abnormalities.

The details of the hospital's economic, physical and personnel status will be found elsewhere in the annual report of the Business Manager and the Medical Superintendent.

The past five Chairmen of the Arizona State Hospital Board have all seen the necessity for maintaining Dr. Samuel Wick as head of the hospital. We are singularly fortunate that he is already with us and, being a man dedicated to his profession, does not leave a job unfinished too easily.

Mr. Sherman Hazeltine, Mr. Dilworth Brinton, Mr. Malin Lewis and Mr. John Sands, prominent and successful citizens in this state, all pleaded in vain for the increase in Dr. Wick's salary. I again implore you to do all in your power to preserve the progress of our State Hospital. To lose this man and hire an ordinary Medical School graduate, which is all his present salary would attract, would set back our present efficiency ten years and it would take another five years to get programs re-organized if, finally, the salary was increased sufficiently to bring in a qualified administrator.

Among the recognitions and accomplishments extended to Dr. Wick are:

The Physician's Citation for Outstanding Service, presented by the Mayor's Committee on National Employ the Physically Handicapped.

Citation for Meritorious Service from the President's Committee on Employment of the Physically Handicapped. (President of the United States)

Annual Award for Distinguished Public Service from the Maricopa County Medical Society.

Election as a Fellow of the American Psychiatric Association. Certification as a qualified Mental Hospital Administrator by the American Psychiatric Association.

President of the Intermountain Psychiatric Association.

Member of the Council for Mental Health Training and Research in the Western Interstate Commission for Higher Education.

Appointment as a member of Arizona Citizens Advisory Committee on Correctional Services.

Member of the Sub-Committee on Aging for the Professional Committee of the Arizona Medical Association.

Member of the Committee for the Study of the Child Treatment Center.

Member of the National Association of State Mental Health Program Directors.

It is readily apparent that the Arizona State Hospital Director's accomplishments in the field of mental health administration have been recognized by authoritative groups. The matter of retaining him is an important part, but only a part, of the entire problem of employing sufficient personnel and paying adequate salaries to retain them at the Arizona State Hospital.

Respectfully submitted,

Lowell C. Wormley

Lowell C. Wormley, M.D.
Chairman
Arizona State Hospital Board

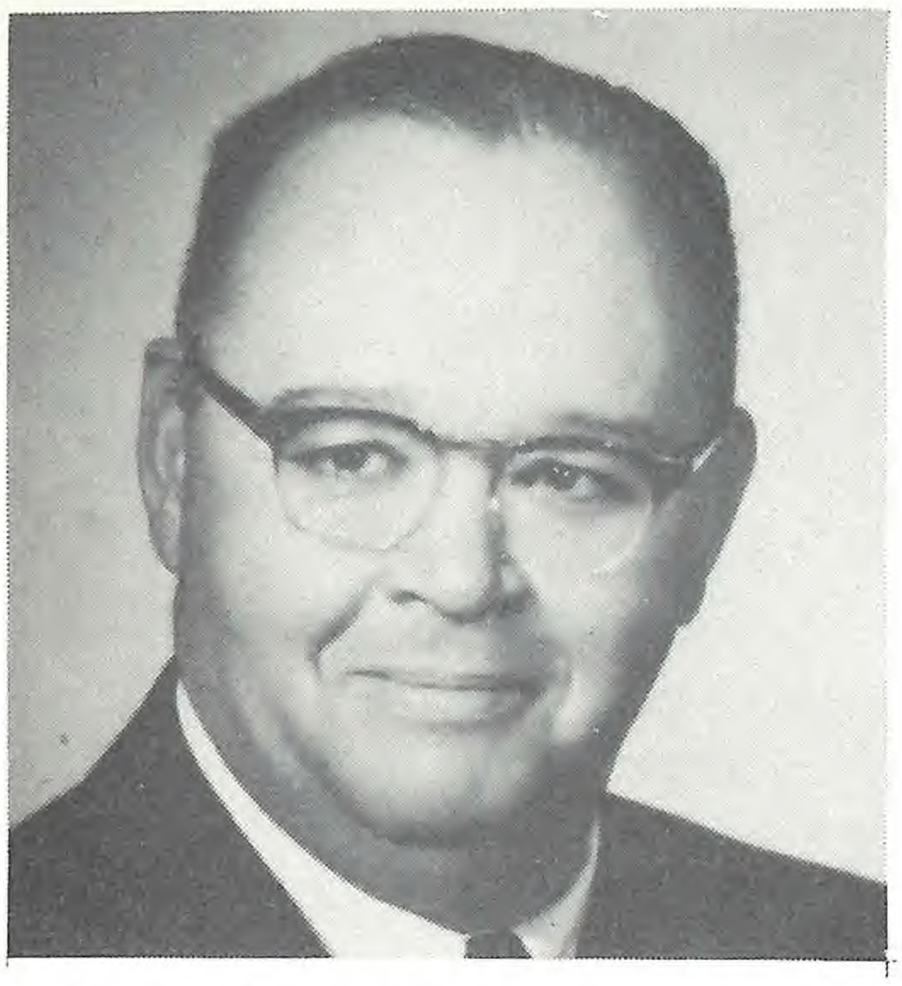
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Operation Friendship! Dr. Wick, Governor Fannin, Dr. Wormley and Dr. Roy Doyle, President of Maricopa County Mental Health Association, tour the hospital to visit patients during National Mental Health Week.



Lowell C. Wormley, M.D.
Chairman
PHOENIX, ARIZONA



Walter Pulsipher, Vice Chairman
ST. JOHNS, ARIZONA

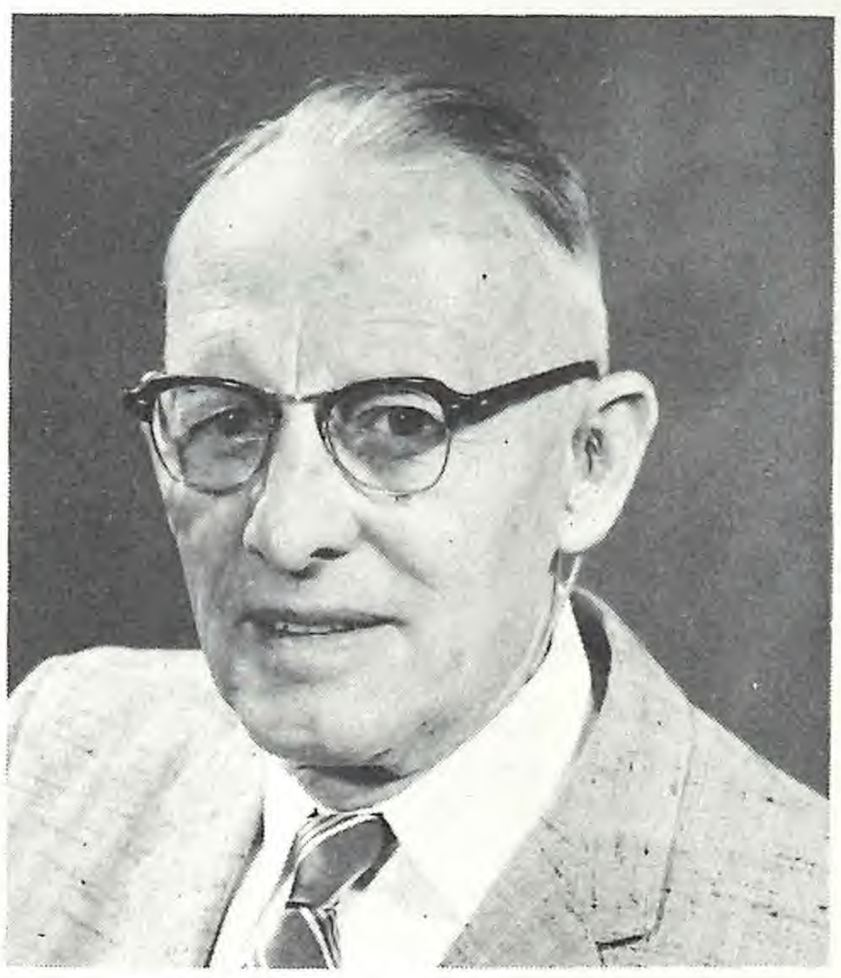


Mrs. Thelma McQuade, Member
TUCSON, ARIZONA

arizona state hospital board



James McNulty, Member
BISBEE, ARIZONA



Henry C. Fuller, Member
PHOENIX, ARIZONA

administrative officers



Samuel Wick, M.D.
SUPERINTENDENT



D. M. Bramwell, M.D.
ASSISTANT SUPERINTENDENT



R. A. Clelland
BUSINESS MANAGER



Mary E. Pittman, R.N.
DIRECTOR OF NURSING

Medical, Nursing and Therapeutic Staff

MEDICAL

Samuel Wick, M.D. ..... Director
D. M. Bramwell, M.D. ..... Assistant Director
Carl Breitner, M.D. (Resigned 12-7-58) ..... Staff Psychiatrist
Peter J. Doyle, M.D. ..... Staff Psychiatrist
Walter V. Edwards, M.D. ..... Chief, Medical-Surgical Service
Rosolino LoCurto, M.D. ..... Staff Psychiatrist
Walter E. Luria, M.D. (Resigned 3-31-59) ..... Staff Psychiatrist
Harold Mikkelsen, M.D. ..... Staff Psychiatrist
Leo Rubinow, M.D. ..... Staff Psychiatrist
Stanley Smith, M.D. ..... Staff Physician
Anne Marie Vogt, M.D. ..... Staff Physician
Dominic F. Zito, M.D. ..... Staff Physician

DENTAL

Robert L. Henry, D.D.S. ..... Dentist

PSYCHOLOGY

Ralph T. Hinton, Jr., Ph.D. ..... Director

PHARMACY

Elias Schlossberg ..... Pharmacist

NURSING

Mary E. Pittman, R.N. ..... Director of Nursing
Marjorie D. Bauer, R.N. ..... Assistant Director of Nursing, Nursing Education

SOCIAL SERVICE

Philip L. Gordon ..... Director

INDUSTRIAL THERAPY

Arlene Babcock ..... Director

OCCUPATIONAL THERAPY

Phyllis M. Simonson, O.T.R. ..... Director

RECREATIONAL THERAPY

Shirley McEntee ..... Director

MEDICAL RECORDS

Philipine Castellana ..... Assistant Librarian

CONSULTING STAFF

John R. Green, M.D. ..... Neurosurgery
Harry F. Steelman, M.D. ..... Neurosurgery
Hal W. Pittman, M.D. ..... Neurosurgery
Betty G. Clement, M.D. ..... Neurology
Marcy L. Sussman, M.D. ..... Radiology
Henry A. Siegal, M.D. ..... Gynecology
William Bede McGrath, M.D. ..... Outpatient Psychiatry
Carl Breitner, M.D. ..... Outpatient Psychiatry
James D. Barger, M.D. ..... Pathology
Bertram L. Snyder, M.D. ..... Tuberculosis
L. I. Tuveson, M.D. ..... Orthopedic Surgery
Harry J. French, M.D. ..... Ophthalmology
George K. Rogers, M.D. ..... Dermatology
Rex O. Vaubel, M.D. ..... General Surgery
Miss Alice Richards, R.N. ..... Anesthesiology
Dana L. Harnagel, M.D. ..... Anesthesiology
Paul S. Causey, M.D. ..... Anesthesiology
Dr. Samuel Mason ..... Chiropody
Dr. H. B. Seyfert ..... Chiropody

REPORT
of
SUPERINTENDENT



Report of Superintendent

ARIZONA STATE HOSPITAL BOARD

Lowell C. Wormley, M.D., Chairman

I am submitting the Annual Report for the fiscal year 1958-59.

Each Annual Report has shown changes, improvements, statistics, therapies and additional needs. Each year an attempt is made to indicate the progress of the hospital, the present problems and future anticipations. In some years the outlook was presented as favorable, while for other years there was little optimism. The functions of the hospital administration are to plan, organize and direct the program so that the patients can be treated to the best advantage; so that the employees can produce with the greatest efficiency, in a working environment conducive to good morale; so that the funds are expended to provide the best within the budget; so that the buildings and equipment are utilized and maintained for efficient and prolonged usage; so that the hospital community is developed into a therapeutic environment by education, training and treatment; and so that future needs and requirements are anticipated and recommended.

I am making this report to indicate that the hospital administration has performed these functions to the best of its ability within the limitations of an inadequate budget, low salary levels and a lack of enough personnel which is necessary to provide the treatment and follow-up care which should be given to all patients.

My previous reports have indicated the changes and progress which were evident from the improvements in treatment, decrease in hospital population, increased facilities in buildings and space for patients, a moderate increase in the number of personnel and the acceptance by the public of the hospital which was treating patients and returning them to the community to become productive again. The report from the individual departments will describe their programs, their accomplishments, their treatments, their deficiencies and their needs, so I will devote my attention to the DEFICIENCIES which still exist and what could be accomplished if our requests were granted.

POPULATION

The population of the hospital has increased again from 1608 on July 1, 1958 to 1670 July 1, 1959.

THIS TREND WILL CONTINUE UNTIL THE HOSPITAL APPROPRIATION IS SUFFICIENT TO PROVIDE AN ADEQUATE STAFF SO THAT PATIENTS CAN BE TREATED AND DISCHARGED MORE RAPIDLY.

The total admissions increased to 1,323 in this year compared to 1,216 during last year. The voluntary admissions have increased from 109 last year to 155 this year. This trend is encouraging because it means that people recognize the need for treatment earlier and are accepting the Arizona State Hospital as the place to obtain this treatment. The number of patients admitted over the age of 65 has continued to increase and the geriatric facilities of the hospital are overcrowded.

THE GERIATRIC PROBLEM WILL CONTINUE TO GROW AND FACILITIES MUST BE PROVIDED IN THE COMMUNITY, AS MANY OF THESE PATIENTS DO NOT REQUIRE HOSPITALIZATION, BUT RATHER NURSING HOMES, BOARDING HOMES, CONVALESCENT HOMES AND COMMUNITY RESOURCES FOR SOCIALIZATION AND RECREATION.

MEDICAL STAFF

During the year two Staff members resigned and two were employed so that the total number remained the same. The Staff is attempting to provide adequate treatment and conduct clinical research but there is little time available for this important phase of progress.

THE LACK OF A LARGE ENOUGH STAFF WITH PSYCHIATRIC TRAINING IS DIRECTLY DUE TO THE LOW SALARIES IN THIS CATEGORY. IT IS IMPOSSIBLE TO ATTRACT WELL-TRAINED PSYCHIATRISTS WHEN POSITIONS ARE AVAILABLE IN ANY PART OF THE COUNTRY WITH SALARIES WHICH ARE TWICE THE AMOUNT OFFERED HERE. AN ADEQUATE, WELL-TRAINED STAFF IS ESSENTIAL TO PROVIDE TREATMENT, GIVE FOLLOW-UP CARE, PARTICIPATE IN THE EDUCATION PROGRAM AND DEVELOP RESEARCH PROJECTS.



John P. Sands, center, Retiring Chairman of the Arizona State Hospital Board, receives a plaque from Dr. Lowell C. Wormley, left, and Walter Pulsipher.

COMMUNITY MEETINGS

The annual meeting of the Maricopa Medical Society was held at the hospital in April, 1959. The following program was presented:

"Present Status and Future Trends of the Arizona State Hospital"
By Samuel Wick, M. D., Director
"Case Presentation with Discussion"
By D. M. Bramwell, Assistant Director, and
Ben P. Frissell, M. D.

As in former years, the large attendance was an indication of the interest by the medical profession in the functions of the hospital.

The Mental Health Section of the Twenty-fifth Annual Arizona Conference of Social Welfare was presented at the hospital with Mr. Philip L. Gordon, Director of Social Service, presiding. The program was presented by the hospital staff with discussions of the total hospital environment as related to treatment and how community services were correlated to this aim. There were clinic demonstrations of the diagnostic, treatment and discharge procedures in order to present the problems and to indicate how the various agencies assist with the ultimate success of the hospital program.

Mental Health Week was designated as "Operation Friendship" in order to stimulate the interest of the public to visit patients at the hospital. The program



Dr. Wick (second from left) is host to officers of the Arizona Mental Health Association. (Left to right) Nora Ryan, Ph.D., Program Chairman; William B. McGrath, M.D., Speaker; and Mrs. Barbara Williams, President of the Arizona Mental Health Association.

was publicized by the visit of Governor Paul Fannin to two patients who had been in the hospital for a total of 110 years without any visitors. During the week-end approximately 300 people came to the hospital to visit with patients who had had no visitors for at least two years.

The Arizona Association for Mental Health had its sixth annual meeting at the Arizona State Hospital. William B. McGrath, Phoenix psychiatrist, spoke on "How to Recognize Early Symptoms of Mental Illness." The participants were divided into two group action sections with the following topics:

1. Our Communities' Problems are Different.
2. How to get Adequate Facilities for the Emotionally Disturbed Child.

The results of the discussions were reported to the general meeting.

TREATMENT

The treatment of patients is the prime objective of the hospital. All methods of therapy are utilized to produce beneficial results as quickly as possible. The reports from the various departments reveal the number of patients treated and the number discharged. The patients admitted for the first time require more attention for examinations, observation and therapeutic planning so that the chronically ill patients who have been in the hospital for several years are comparatively neglected.

The technique of "Remotivation" was introduced to the hospital after a team from the American Psychiatric Association spent a week teaching a group of Psychiatric Aides and Graduate Nurses. Since then an additional group of Psychiatric Aides has been trained by hospital personnel. The technique provides the Aide with an approach to patients which creates some interest and a better contact with reality. This is stimulating to the Aide as the contact with the patient helps to create a better understanding and a better personal relationship.

IT REQUIRES PERSONNEL TO PROVIDE THE INDIVIDUAL CARE AND TREATMENT WHICH IS SO ESSENTIAL FOR THE PATIENT. THE HOSPITAL IS UNABLE TO TREAT ALL THE PATIENTS ADEQUATELY WITH THE PRESENT PERSONNEL QUOTA.

RESEARCH

It is essential for any institution to provide the facilities and the trained staff to conduct research. IN THIS RESPECT THE HOSPITAL IS TOTALLY DEFICIENT. Attempts are made to evaluate some of the newer drugs to determine the clinical effects, but this work cannot be considered scientific because the staff is burdened with the daily tasks of treating patients, which leaves no time for actual research.

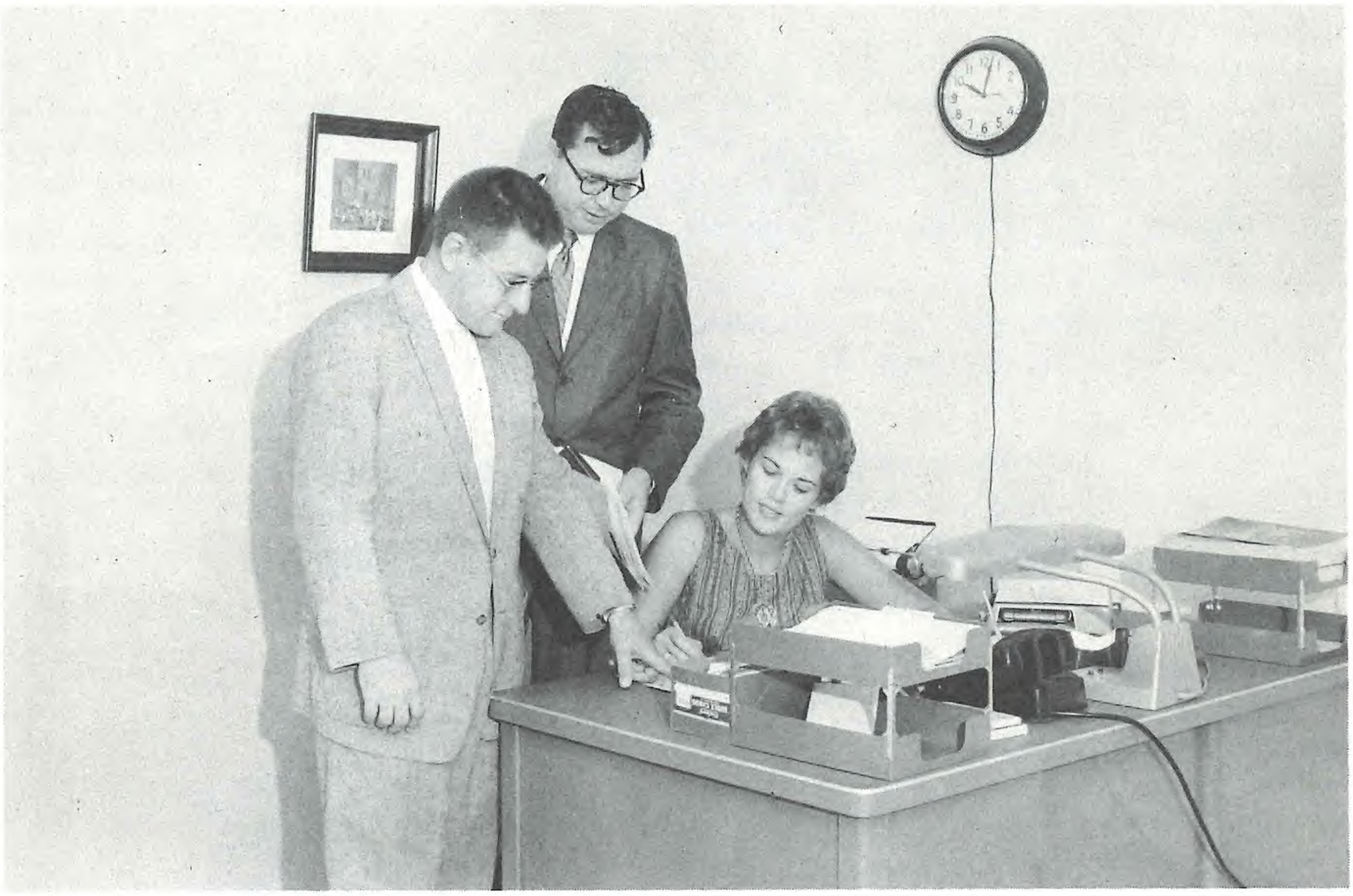


Mr. Loring L. Emery conducts a class in "Remotivation". This technique stimulates group participation to arouse an interest in patients for elements of reality.

OUT-PATIENT CLINIC

Each year the number of patients examined and treated in the Out-Patient Clinic has increased. At present three afternoons a week are devoted to the psychiatric patients and one morning to the convulsive and neurological patients. The functions of the Out-Patient Clinic are important but this requires more time by the Psychiatric and Social Service staff. There is an obvious need for more staff to perform both the hospital and outpatient duties adequately.

The Tucson Out-Patient Clinic was opened in May, 1959, with quarters in the Tucson State Office Building. The staff consists of a Psychiatric Social Worker, a Psychiatric Consultant for one morning a week and a part-time secretary. The salaries of the Psychiatric Social Worker and the secretary are provided by the Pima County Medical Health Association because the hospital budget was inadequate for this purpose. This clinic is a step in the right direction, but at the present time only patients who had been in the hospital are referred for follow-up care. There is a great need for a Community Mental Health Clinic to give psychiatric service to those people who are emotionally ill but cannot afford private care. Early care for these people can reduce the length of illness and can prevent hospitalization for many. Already the case load has increased to such an extent that the necessary services must be curtailed.



Psychiatric Social Worker, Consultant Psychiatrist and Receptionist confer in the Tucson Out-Patient Clinic. This team is aided by Psychiatric Social Worker from the Hospital in Phoenix.



Arizona State Office Building in Tucson. Here Arizona State Hospital has established an out-patient clinic for Pima County residents who can be served without coming to the Hospital in Phoenix.

SOCIAL SERVICE

The report from this department shows the scope of the services and the needs to maintain the present service even though expansion for greater patient follow-up is indicated. The work with the geriatric patients reveals how this same procedure could be applied to other areas of the hospital, particularly to the large segment of the patient population which has been in the hospital for more than five years.

THE PATIENTS NEED A PROFESSIONALLY-TRAINED STAFF TO HELP THEM PLAN FOR THEIR ADJUSTMENT IN THE COMMUNITY.

NURSING SERVICE



Miss Helga Loff (standing left), Miss Margit Iverson from Denmark and Miss Elizabeth Michels from Holland (seated) with Mrs. Mary Pittman, Director of Nursing. These nurses are on a six-month visit to exchange ideas and learn American methods and procedures in the general field of nursing.

The Psychiatric Aide provides the constant daily care and contact with the patients to carry out the treatment plan, maintain a therapeutic attitude, attend to their constant needs, provide a pleasant, comfortable environment, observe for emotional and physical changes and help prevent any disturbance or injury. The Psychiatric Aides perform these duties and responsibilities after a brief training program which gives them the basic understanding of psychiatric illness and human relationships. These employees, who should be the best skilled, are those who come to the hospital with the least skill and educational background. The effectiveness of the Psychiatric Aide who continues with hospital employment is due to the devotion and desire to help those who are mentally ill.

THE LEVEL OF MENTAL NURSING CAN BE IMPROVED BY PROVIDING ADEQUATE SALARIES TO RECRUIT AND TRAIN MORE PEOPLE WHO WILL MAKE THIS A PERMANENT OCCUPATION.

PERSONNEL:



Mr. H. F. Townsend, Personnel Director.

During the year the hospital had an average of 561 employees, which was an increase of 21 from the previous year. The need for additional employees is stressed in the reports from all departments because of the increase in the admission of patients, increase in the discharge of patients, increase in the treatment activities and other hospital functions. The termination rate was 55% which was larger than the preceding year. It was necessary to screen 2500 applicants in order to obtain 346 new employees. The most terminations occurred within the first six months of employment which indicates that for many people this is a temporary place of employment. The most frequent cause of termination was the low pay which led to the change to other work.

The Personnel Director made arrangements for tours through the hospital by various groups and organizations. There was a total of 1,000 people who were conducted through the hospital and 685 students who were given clinical demonstrations.

The Employees' Association was active during the year, arranging social affairs and helping with the problems of employees. A musical program given by Dr. Walter Luria, sponsored by the Employees Association and a volunteer Women's Committee in the community, helped to raise money for the Hospital Chapel Fund.



Mr. Doyle E. Dunn, Employment Manager, interviews a prospective employee.

BUILDING IMPROVEMENTS

During the year the addition to the central air-conditioning system, a three-bedroom residence and improvements to five of the staff cottages were completed. There were no funds appropriated for any major building additions or remodelling.

The Legislature appropriated $475,000 for the fiscal year 1959-60 for the following purposes:

1. Remodelling Building "A"
2. Enlargement of the Rehabilitation Facilities
3. Remodelling and modernizing Surgery

NEEDED IMPROVEMENTS

The long-range building needs of the hospital have been presented to the Hospital Board, the State Planning and Building Commission and the Legislature each year. The following requests will be made for the next fiscal year:

1. Diagnostic and Treatment Building
2. Building to provide facilities for Educational and Research facilities; offices for Personnel Department and Housekeeping Department; and the Canteen
3. Two staff residences

I wish to emphasize the importance of providing sufficient personnel who are paid an adequate salary so that the hospital can continue to progress and improve. Many people from the community have given of their time and effort to give the patients the feeling that the public has their interest at heart. To all those Volunteers I express my heartfelt thanks. The devotion and loyalty of the employees are indicated by the results obtained. I thank the Arizona State Hospital Board for their faith in the administration of the hospital and I appreciate their help and support for all the problems which occurred during the past year.

Respectfully submitted,

Samuel Wick

SAMUEL WICK, M.D.
Superintendent



Board Members, Paul Fannin, the Hospital Director and the Board Secretary on the occasion of the Governor-Elect's visit to the December 1958 Board meeting.

Assistant Director's Report

Number of Staff meetings held during year	182
Number of Patients seen at Staff meetings	1,819
Surgery performed (not including NSU)	41
No. of visits to Minor Surgery	447

Electric Shock Therapy:

259 males received 770 treatments (ECT)
8 males received 44 treatments (NCT)
603 females received 2152 treatments (ECT)
87 females received 270 treatments (NCT)
18 females received 51 treatments (Comb. ECT & NCT)

Chiropody Clinic: Number of Patients seen	428
GYN Clinic: Number of Patients seen	772
Optical Clinic: Number of Patients seen	381

Out-Patient Clinic (Psychiatric Consultations):

No. of interviews — Ex-Patients on C.D.	1,277
Outside Referrals	559
TB Consultations	112
Laboratory: Number of tests made	12,752
Physiotherapy: Number of treatments	24,114
X-rays taken	3,227
Number of deaths	194
Autopsies performed	57
Percentage of autopsies	30%



Trainees make good use of the Hospital's growing Medical Library, housed in Nursing Education.

Neurosurgical and Out-Patient Clinics

NUMBER OF OUT-PATIENTS	2,727
1. Neurosurgical Evaluations	62
2. Neurosurgical and Neurological re-examinations and follow-ups	197
3. Psychiatric Evaluations	213
4. Psychiatric Consultations of Out-Patients	346
5. Psychiatric Consultations of Conditionally Discharged patients	1,277
6. Social Service Consultations of Conditionally Discharged patients	470
7. Electroencephalograms	150
8. X-Rays	12
TOTAL VISITS	2,727
TOTAL PATIENTS	852

Indigent Out-Patients are referred to the Neurosurgical and Psychiatric Out-Patient Clinics by various agencies throughout the State such as Welfare Departments, Children's Clinics, Health Clinics, County Hospitals and Clinics, Juvenile Departments, Public School Doctors, Private Doctors, etc.

SUMMARY

NEUROSURGICAL HOSPITAL PATIENTS

PSYCHIATRIC and NEUROSURGICAL OUT-PATIENTS

	Hospital Patients	Out-Patients	Total
NEUROSURGICAL EVALUATIONS	90	62	152
NEUROSURGICAL RE-EXAMINATIONS	41	197	238
PSYCHIATRIC EVALUATIONS		213	213
PSYCHIATRIC CONSULTATIONS OF OUT-PATIENTS		346	346
PSYCHIATRIC CONSULTATIONS OF CONDITIONALLY DISCHARGED PATIENTS		1,277	1,277
SOCIAL SERVICE CONSULTATIONS OF CONDITIONALLY DISCHARGED PATIENTS		470	470
ELECTROENCEPHALOGRAMS	160	150	310
X-RAYS	88	12	100
SURGICAL PROCEDURES	20		20
CLINICAL PATHOLOGICAL CONFERENCES (Patients)	67		67
TOTAL	466	2,727	3,193

Nursing Education

All employees in both nursing and non-nursing services are required to complete the Basic Program of instruction which teaches them the correct approach and attitude toward mentally ill patients. Additional training should be given, but this will require a larger staff to accomplish this goal.

During the year 98 Psychiatric Aides completed the Basic Program which consisted of 32 hours of instruction in classroom and clinical demonstration. Ninety Student Nurses and one Graduate R.N. completed the required 12 weeks training in psychiatric clinical experience.

Plans are being formulated to provide psychiatric clinical experience to the students of the Schools of Nursing from the University of Arizona, Arizona State University, and Phoenix College.

On April 1, 1959 the hospital inaugurated a new program for Trainees in Mental Health Nursing. During the 12 weeks training the Trainees are oriented to the psychiatric hospital, are instructed in the basic problems of mental illness and mental health, are taught personality development and inter-personal relationships, are supervised and trained in the care and treatment of mentally ill patients on the wards, and are evaluated for their attitude and approach to patients. Following the successful completion of the training period, the Trainees are employed as Psychiatric Aides. Eleven Trainees started this initial program and five successfully completed the course. It is our goal that all Psychiatric Aides complete this program before they are assigned to regular duties.

The present quarters used by the Nursing Education Department are inadequate for the expanded program to provide the training for all the employees and Student Nurses who must receive this educational service.



The first group of trainees (seated) pose with Nursing Education personnel, Hospital Director and Director of Nursing. These trainees are being promoted to Psychiatric Aides with the end of training.

Social Service Department

From the date of the patient's admission to the Hospital, the Social Service Department assists the patient to maintain his family and community ties. Families are encouraged to participate actively in that phase of the patient's treatment program which is concerned with preparation for the return to home, job, and friends. Improved working relationships have evolved with health and welfare agencies who have made their resources available to the patient and to the family during the period of hospitalization, and during the period of the patient's reintegration into community life.

ADMISSION SERVICE:

The Psychiatric Social Worker discusses the immediate problems related to hospitalization with the family and begins to formulate plans which would be helpful when the patient would be ready for discharge. It has been demonstrated that the initial interviews are an important factor in alleviating the stresses which have developed in the family relationships prior to the patient's hospitalization. During this fiscal year, there has been an increase of 107 patients admitted to the Hospital, which indicates an expansion of activity on this service.

CONTINUED TREATMENT SERVICE:

Those individuals who have been hospitalized for long periods of time and who as a result have lost contact with their families, friends, and employers have real fear about leaving the security of the Hospital, as the Hospital has become a substitute for their families, homes, jobs and social life. The Psychiatric Social Worker helps patients overcome these fears and resistances, and attempts to help them re-establish their former ties with their families. Attempts are made to involve the family in plans for the patient's leaving the Hospital. The resources of public and private community agencies have been of valuable assistance to our patients in making a transition from Hospital to community life. The patient is often in need of such practical services as locating housing, securing employment, financial assistance, medical or nursing services, and recreational outlets. As of June 30, 1959, 173 patients from our continued treatment wards are on Conditional Discharge, and of this number, 57 have been in the Hospital three continuous years or longer prior to Conditional Discharge.

INTENSIVE TREATMENT SERVICE:

Through intensive casework services, an attempt is made to alleviate the stresses of the inter-family relationships and to reduce socio-ecoomic strains which appear insurmountable to the patient prior to admission. This type of service will enable the patient to return to an improved environment upon leaving the Hospital. Selected patients have participated in group discussions on a regularly scheduled basis. The group discussions are intended to help the patient anticipate and cope with various problems which may occur following his return to his home.

GERIATRIC SERVICE:

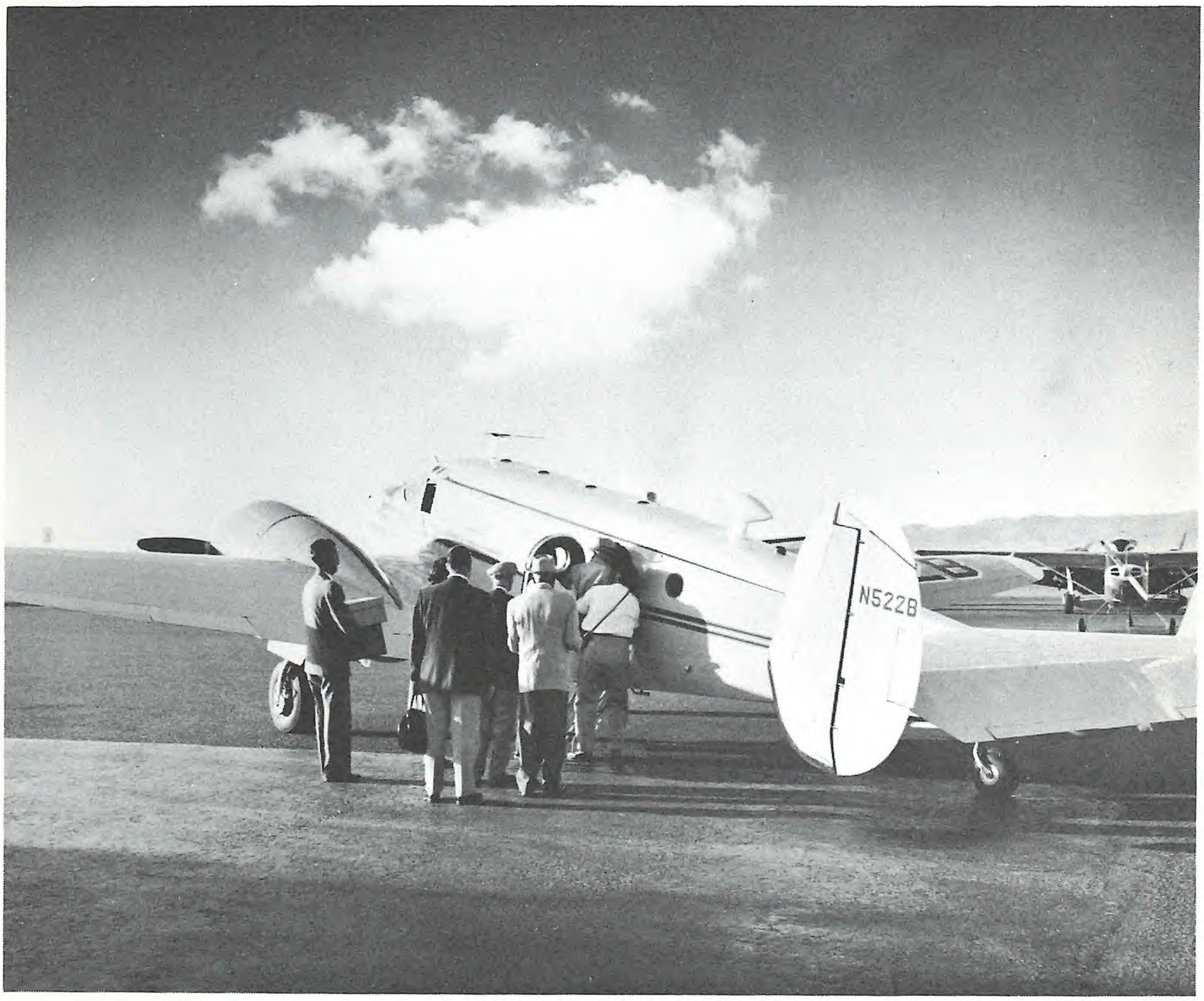
The discharge of geriatric patients who do not require psychiatric care involves financial planning, locating community resources, and stimulating family participation when families are available. In the past, because of these complicating

PLACEMENT

Years of Hospitalization	NURSING OR BOARDING HOME 1956 1957	1957 1958	1958 1959	Total	FAMILY 1956 1957	1957 1958	1958 1959	Total	TOTAL PLACEMENT 1956 1957	1957 1958	1958 1959	Total	PATIENTS RETURNED 1956 1957	1957 1958	1958 1959	Total
0-1	22	32	8	62	3	9	7	19	25	41	15	81	2	11		13
1-4	19	18	12	49	2	8	6	16	21	26	18	65	2	7	1	10
5-9	7	7		14	3	1	1	5	10	8	1	19	1	3		4
10-14	6	11	1	18	2	1	1	4	8	12	2	22	2	1		3
15-19	6	3	2	11												
20-24	5	5		10	1			1	7	3	2	12	1			1
25-29	2	2	1	5					5	5		10				
30-24		3	3	6					2	2	1	5		1		1
35-39										3	3	6				
40-44		1	3	4			1	1			1	1				
45-54		1	2	3						1	3	4		1		1
55-59	1			1						1	2	3				
									1			1				
TOTAL	68	83	32	183	11	19	16	46	79	102	48	229	8	24	1	33

factors, the geriatric patient remained in the Hospital. In 1956 a project was initiated to evaluate the geriatric patient whose discharge was prevented by the above factors. The program consisted of casework service with both the patient and the family to overcome resistances to leaving the Hospital. This department embarked on an aggressive community organization drive to locate community placements, financial assistance, medical care and other resources that the individual patient might require.

The graph summarizes the placements for a three year period of a group of geriatric patients who presented financial and social problems which unsolved would have prevented them from leaving the Hospital. A total of 229 patients was released from the Hospital. Of this number, 33 patients were returned. However, six patients have again left the Hospital, and are presently adjusting in their placements. Eight patients were returned to the Hospital because of inadequate community resources to provide for their physical health. One patient was returned because of financial complications. Of the remaining 18 patients who returned to the Hospital, it was uncertain as to what proportion would have remained in their placement if greater financial resources were available to provide for more personal supervision or nursing care. As a result of this co-ordinated effort between the Hospital and the community, 202 elderly persons have had the opportunity to live out their lives with their families or in a congregate care arrangement.



Patient transfer. An aged patient is helped aboard chartered aircraft to be returned to a hospital in the state of his legal residence. Unable to stand long rides, these patients were conveniently transported by air and removed from Arizona expense.

RESIDENCE RECIPROCITY:

Residence investigation is a function of the Social Service Department as well as arranging for the return of non-resident patients to their legal state of residence. The following statistics indicate the scope of this activity:

Requests for investigation of Arizona residence received from other states: 71. Mentally ill patients with Arizona residence received from other State Hospitals: 20.

Arrangements for non-resident patients to return to their states of legal residence: 97.

Requests to other states for verification of legal residence: 197.

Transfers to Veterans Administration Hospitals in other states: 30.

SERVICES TO PATIENTS ON CONDITIONAL DISCHARGE:

Patients or families who are in need of supportive counselling following hospitalization are returnig to the Out-Patient Clinic for this service. The doctor and social worker function as a team with the co-ordinated approach to the patient's mental, social, or family problems. The increasing number of patients and families who avail themselves of this service reflects an attitude that the Clinic is a place where understanding and help is available. Through interviews with the patient or family and referrals to other agencies, if indicated, the social worker mitigates the possibility of the patient's becoming involved in emotional stress situations which may result in relapse and the possible need of rehospitalization. Both public and private agencies serving the health and welfare needs of the state are sharing responsibility for providing services to these patients. During the coming years it is the intention of our department to provide more consultative services to these agencies in order to interpret the needs of these patients, and to make more facilities available to the patients in their own locality. Helping the patient to utilize local resources reduces his dependency on Hospital services and integrates him more readily with the general community. In March 1959 the Tucson Out-Patient Clinic was opened with offices in the new State Office Building in Tucson. The Psychiatric Social Worker contacts and provides follow-up care to those patients from Pima County who had been referred by the Hospital staff.

COMMUNITY RELATIONSHIPS:

We gratefully acknowledge the assistance and co-operation given the Social Service Department by the public and private agencies of our state. Representatives from the State Department of Public Welfare, Maricopa County Welfare Department, Veterans Administration, State Department of Vocational Rehabilitation, and Arizona State Employment Service make the resources of their agencies available to our patients on a regularly scheduled basis. We have provided office space for agency representatives in our Social Service Department, and these services have become an integral phase of our discharge planning. This year the Mental Health Institute of the Arizona 25th Annual Conference of Social Welfare was held at the Arizona State Hospital on May 20. The purpose of this program was to acquaint social workers with the facilities and treatment program of a modern psychiatric treatment center.



Members of the Hospital Social Service Staff and Medical Staff conduct a panel for the benefit of Social Workers attending the State Social Welfare Convention.

SUMMARY:

With the increase in the number of new admissions, and the number of patients being discharged from the Hospital, there continues to be greater demand for the services of this department. Planning with the patient and his family in preparation for the patient's leaving the Hospital, utilizing community resources, and providing supportive counseling during the period of Conditional Discharge are necessary attributes of a successful discharge plan for each patient. To maintain the quality of the services performed by the Social Service Department, there is need for additional personnel.

Occupational Therapy Department

The Occupational Therapy Department has continued to expand over the past year. The ward program shows the greatest improvement as we have now increased our coverage to sixteen wards. This program is under the supervision of a registered Occupational Therapist and the work is carried on through the cooperation of ward personnel, Grey Ladies, Volunteers and patients on Industrial Therapy Assignments to the Occupational Therapy Department. There is need for additional therapists to continue to improve the program and to provide for the training to ward personnel.



Patients learn the details of ceramic work in Occupational Therapy. These workshops serve to determine what will interest and activate the patient and guide the Psychiatrist in his treatment.

There has been a definite increase in the number of hospital personnel who are taking advantage of the opportunity of requesting craft supplies for patients on their wards. This gratifying trend has aided the department in reaching patients throughout the entire hospital. We have been made aware of this more graphically when the budget showed that one-third of the supplies purchased this past year have gone into this program.

The ward program has relieved the Occupational Therapy Shops of the continued treatment care patient load. The entire clinic area is now concentrating on the Receiving Ward patients and the Intensive Treatment Program. Our activities in this area are taking a gratifying turn toward pre-vocational training and it is the goal of this department to continue to stress and grow along the lines of a rehabilitation program in the clinic area.

PRESS CLUB

In September 1958 the Press Club underwent a change in organization and format in order to increase interest and therapeutic participation in its activities. A new name was chosen for the club as well as their publication; namely, THE APROPOS PRESS CLUB and THE APROPOS, respectively. Membership in the club is selective in that it is based on interest and participation plus approval of the patient's ward physician as an adjunct to their total treatment program.

THE APROPOS was increased in size from two to four pages thus allowing space for a wider variety and greater number of articles to be printed. Throughout the year the Club had several guest speakers who presented interesting programs. The club members as a group attended several concerts down town at special evening events. The improvements noted in all phases of the club's activities justify the effort and interest that has been shown by members and sponsors alike for this has truly been a good year in the history of the Press Club.

STATISTICAL REPORT — 1958-1959

	Men O.T. East		*Women O.T. West*		*Yearly 16 Wards*	
	Yearly	*Average Monthly*	*Yearly*	*Average Monthly*	*Yearly*	*Average Monthly*
Total Number of Prescriptions	1,339	112	11,466	956	1,119	93
Total Number of Treatments	12,699	1,058	12,843	1,070	4,459	372
New Prescriptions	512	43	569	47		
Promotion to I.T. and O.T.	126	11	268	22		
Promotion to I.T. full time	184	15	155	13		
Dispositions while attending O.T.	203	17	276	21		
Refused to attend	6	—	5	—		
Discontinued due to transfer	73	6	50	4		
Discontinued, no progress	27	2	5	—		

COMBINED TOTALS OF SHOPS AND WARDS

Total number of prescriptions yearly	13,924
Total number of treatments yearly	30,001

PRINTING SECTION

Total number of forms	94,875

Industrial Therapy

The Industrial Therapy program has continued to expand over the past year. The number of patients engaged in Industrial Therapy has increased, the number of patients discharged from the hospital who have been engaged in industry increased from 916 to 1025, and the total number of placements made in Industrial Therapy increased from an average of 263 to 278 per month. Many patients who heretofore never participated in industry have been activated. Close communication between Occupational Therapy and Industry has made it possible to have had occupational work-up and evaluation toward Industrial Therapy as well as toward Vocational Rehabilitation consideration. There has been an improvement in communications and cooperation with the Industrial Therapy department and Social Service, which has been of great assistance in evaluating patients and moving them from industry toward outside placement and return to the community. This has been done through screening individual wards by the Industrial Therapist and the Social Worker in charge of that ward. The therapeutic value of this program has been stressed constantly and a better understanding of the therapeutic aims of Industrial Therapy has developed to a higher degree in all areas of the hospital setting. Some of the departments have enlarged the scope of their work and increased the number of paid employees, thus being able to employ more patients

and to give better individual teaching, training and supervision. More "Open Wards" have been a great asset to the department since the procedure has allowed many more patients to go freely to their assignments, thus developing a greater degree of responsibility and initiative.

The program of Industrial Therapy has progressed to the point where it has proved its value financially, economically and therapeutically. It has however, reached a level which calls for more expansion. As stated earlier in this report some of the departments have enlarged their scope of work and have hired more paid employees in these particular departments which has enabled more patients to be employed there with better teaching, training and supervision. However, in view of the value of the Industrial Therapy program financially to the State, it appears that greater expansion could be of much greater value financially. (1) An additional therapist working in the department of Industrial Therapy is needed. There has been a greater increase in the number of patients this year. The following figures show the increase in hospital population in the last year: Admissions for the year of 1957 and 1958 were 1020; the admissions for the last fiscal year year are 1320. The average census for the past year was 1603, whereas the last fiscal year was 1621, making approximately 18 patients more a day with which to work in industry. (2) It is also necessary to expand present industrial positions to accommodate the greater number of patients now participating in the program. This expansion is especially needed in Engineering and Beauty Parlor where at least one more paid employee would assist in increasing the number of assignments, more teaching, training, and individual supervision. (3) New departments could also be set up, such as one for pre-office and business training, library, photography and actual academic classes. The latter would be of great benefit to many of our young people who are able to progress in an academic situation but who, because of their hospitalization, are unable to continue and are losing touch with formal classroom work.

In spite of the drop in the number obtaining services in Vocational Rehabilitation during the past year the prospect for the coming year looks very good since the program has been recently re-organized and definite procedures drawn up. Already the number of referrals in planning indicate a growth in the coming year.

The Industrial program as a whole continues to be most gratifying but not as stimulating as it would be if the expansion described earlier in this report were made possible. Only through this expansion will there be an opportunity to open the new avenues and to strengthen the old, to greater assist our patients toward creative, productive and independent lives in their respective communities, which has been the goal of Industrial Therapy since the department was opened. There can be no growth without expansion of services and progress does not continue when there is no growth. It is the hope and the desire of the department of Industrial Therapy that the expansions described can be made possible during the coming fiscal year.



Housekeeper supervises a patient group learning various techniques of professional housekeeping.

STATISTICAL REPORT

		Total For Year	Average Per Month
(1)	Average hospital census for year	1,622	
(2)	Percentage of patients in Industrial Therapy	62	
(3)	Number of patients discharged	1,025	85
(4)	Total number of patients who were discontinued from Industrial Therapy for reasons other than discharge and not working at end of year	143	12
(5)	Average monthly case load		285
(6)	Total number of new assignments	1,116	93
(7)	Total number of re-assignments	2,220	185
	Total placements made (6 & 7)	3,336	278

TESTING

Total number of patients tested	38
Total number of tests administered	71
Total number of different types of tests administered	49

REFERRALS FROM INDUSTRIAL THERAPY TO STATE DEPARTMENT OF VOCATIONAL REHABILITATION

Total number of referrals	80
Total number in training	3
Total number placed in jobs	33
Arizona State Employment Service	26
Vocational Rehabilitation	7
Total number in plan development	26

Recreational Therapy

The program of recreation stresses socialization as most of our patients have some difficulty in getting along with other people, whether it is at work, home or recreationally. Therefore, our department is set up with an emphasis on informality and an attitude of acceptance. With this in mind, our department is open to everyone in the hospital except the restricted patients for whom activities are scheduled on the ward and recreation field.

Patients visiting the recreation lounge may play records, listen to the radio or watch television, or just sit and visit. Available for the patient's use are many inside games, a reading room with all the latest literature and a room provided with body building equipment. Other weekly activities consist of taking out patients who are without ground privilege cards. They are encouraged to participate in all types of sports. Rhythm bands, group singing, ward movies and ward dances are also included. Throughout the summer months, weekly swim sessions and small picnic groups to various points of interest are greatly enjoyed. Recreation has responsibility for the evening entertainments which are planned for most of the year as follows:

MONDAY NIGHT: Social Dance in Auditorium — music provided by band from Musicians Union. Attendance is between 250 and 500 for this function.

TUESDAY NIGHT: Field Night, through June, July, August and September. This provides competitive sports for all wards, supervised by therapists and Grey Ladies and Men.

WEDNESDAY NIGHT: "Golden Years" Club for geriatric patients.

Auditorium, full length feature film, 16 mm.

THURSDAY NIGHT: Full length feature film for all geriatric wards.

FRIDAY NIGHT: Square Dance, held once a month. An outside group calls and teaches under Red Cross auspices.

Social Dance, twice a month. Band is furnished through volunteer organizations.

Musical variety show is held once a month, sponsored by the Federated Musicians Club.

Talent show is featured every other month.

SATURDAY NIGHT: Bingo game for Receiving and Intensive Treatment wards.

Full length feature film for all geriatric wards.

SUNDAY MORNING: Catholic and L.D.S. Services.

2:00 p.m., Protestant Services for all geriatric wards.

7:00 p.m., Protestant Services for all wards except geriatric.



Sunday Mass in the Auditorium.

SPECIAL ACTIVITIES:

Many patients had the privilege of attending the season's concert and symphony series while others greatly enjoyed the Ice Capades, Travelogues and other entertainment throughout the Valley. The Talent Show has been a very beneficial therapy for patient participation and planning. This activity, presented by patients was organized in November and our first show was held December 5th in the auditorium. Three talent shows have followed with great success. Our interest is not in the performance even though there have been some excellent performers, but in the interest and stimulation shown by those who helped, those who took part and those who were entertained. All holidays were celebrated by special entertainment in the auditorium. Our Christmas season will long be remembered as literally hundreds of volunteers gave their time, talent and good cheer to the patients through programs and ward parties. Many clubs and mental health groups brought in beautifully wrapped presents for everyone.

Our annual carnival was held April 26. This was a huge success due to the fact that it was held in booths set up in a shaded area on the hospital grounds instead of the recreation field. All booths were manned by volunteer organizations. Two local bands provided entertainment in the afternoon. The booths and Bingo provided many nice prizes and the American Legion's "Collette" was on hand for rides.

Six hundred and thirty-seven patients attended the State Fair over a period of three days.

One group of female patients registered at Phoenix College for a four week course on the "Do's and Don'ts of Getting a Job." A new Talking Book Machine was lent to us from the Blind Division of State Welfare Aid. A year's supply of books was ordered, and sessions for listening were set up in the geriatric building.



Patients eagerly watch the antics of Hollywood trick horse at an assembly program.

This year there were three picnics for patients assigned to Industrial Therapy. The first group went by bus to Bud Brown's Friendly Pines camp in Prescott, the second had the facilities of the Dons Base Camp in the Superstition mountains, and the third went to the Oak Flats recreation area, east of Superior.

VOLUNTEERS:

With a population of 1,623 patients, a staff of three therapists and two recreational aides, we manage to reach 75% of the patients with some form of recreation. The only way this can be accomplished is with the help of our wonderful group of volunteers. The past fiscal year we have had a monthly average of 50 Gray Ladies and Men who are here on the grounds three days and one evening per week. They also help out in activities in Occupational Therapy. The hospital has a total of 31 wards, out of which sixteen have been adopted by volunteer groups who hold monthly parties for them.

PUBLIC RELATIONS:

Throughout the year members of the Recreational Therapy department lectured to many groups in the Valley. The result was most gratifying, as thirteen more women's clubs have joined our volunteer ranks.

All members of the department were registereud as part-time students at Phoenix College and Arizona State University. While we have steadily made progress we still have much to accomplish and an increased staff as well as adequate quarters is necessary to give a well balanced therapeutic program.

Psychology Department

During the year the work load of the Psychology Department was measurably increased. In part, this was the result of the addition to the staff of a part-time clinical psychologist (one-half day each day of week). Statistically, the year's activities are broken down as follows:

Number of patients seen for psychological tests	632
Number of psychological tests given	1,421
Total number of patients seen in psychotherapy	44
Total number of Psychotherapeutic hours	688

It should be added that the therapy program was on an "individual" basis. No group therapy was attempted because of the lack of trained personnel.

By far the greater number of referrals to the Psychology Department — both for diagnostic evaluations and for therapy — came from the Men and Women's Receiving Services and the Acute and Intensive Treatment Services. In fact, these referrals amounted to approximately 98% of the department's work load. During the year there were twelve referrals from the Out-Patient Department and eight from the other services in the hospital.

There were also fourteen lectures given to classes for psychiatric aides and for the student nurses assigned to the hospital. These dealt with the general topic of "Personality Development" and the Psychological Testing Program at Arizona State Hospital.

There was a gradual development in the teaching relationship between the Psychology Department of Arizona State Hospital and the Department of Psychology at Arizona State University. At the beginning of the year it was hoped that graduate students in clinical psychology would be assigned for periods of practical work, but several matters prevented this from happening. Still, there were four clinical demonstrations given for students during the year, and during the summer school session four other such clinical seminars were held. The above is evidence of the increased and heavy work load that the Psychology Department operated under during the past year. It was the maximum that could have been done with the personnel and time available. For this reason other functions that the Clinical Psychologist in the state hospital should perform were omitted. Therefore, the following recommendations for the future are made:

1. As soon as the budget permits, additional staff should be added in the Psychology Department. At least two more full-time personnel could easily be used at present.
2. Expansion of clinical psychology activities to the other medical services in the hospital, especially in the Out-Patient Department.
3. The development of a closer teaching-working relationship between the Hospital and the Graduate Training Program in Psychology at Arizona State University. This will require supervision and training provided by both the Hospital staff and the University faculty.
4. Research must be an integral part of the Psychology Department. This is a major area in which the Clinical Psychologist can make a definite contribution to the program of a hospital. However, as with other factors, it depends on time and personnel.

Medical Records Report

	MALE	FEMALE	TOTAL
In Hospital 7-1-58	851	757	1,608
On Conditional Discharge	165	326	491
On Unauthorized Absence	24	15	39
TOTAL ON BOOKS	1,040	1,098	2,138
ADMISSIONS			
First Admissions	329	337	666
Readmissions	83	91	174
Returned from Conditional Discharge	74	151	225
Returned from Unauthorized Absence	37	22	59
Observations	27	17	44
Voluntary	70	85	155
TOTAL ADMISSIONS	620	703	1,323
Total Patients Treated	1,471	1,460	2,931
SEPARATIONS			
Complete Discharges	277	168	445
Conditional Discharges	188	339	527
Unauthorized Absences	65	31	96
Deaths	113	80	193
TOTAL DISCHARGES	643	618	1,261
Discharged while on Conditional Discharge	120	213	333
Discharged while on Unauthorized Absence	31	17	48
Deaths on Conditional Discharge and U.A.	7	7	14
TOTAL	158	237	395
TOTAL SEPARATIONS	801	855	1,656
In Hospital 6-30-59	828	842	1,670
On Conditional Discharge	162	307	469
On Unauthorized Absence	21	6	27
TOTAL ON BOOKS	1,011	1,155	2,166

TOTAL NUMBER OF PATIENTS ADMITTED TO ARIZONA STATE HOSPITAL DURING THE PAST TEN YEARS

	MALE	FEMALE	TOTAL
1949	453	267	720
1950	495	327	822
1951	391	335	726
1952	474	355	829
1953	396	299	695
1954	503	442	945
1955	544	518	1,062
1956	496	524	1,020
1957	631	585	1,216
1958	620	703	1,323
TOTALS	5,003	4,355	9,358

"From the Rim of the World — Monument Valley" RAY MANLEY

Mental Diagnosis

ACUTE BRAIN SYNDROMES

	FIRST ADMISSIONS		
	MALE	FEMALE	TOTAL
Associated with Alcohol Intoxication	23	8	31
Associated with Drug or Poison Intoxication	0	0	0
Associated with Convulsive Disorder	0	0	0
Other Acute Brain Syndromes	10	2	12

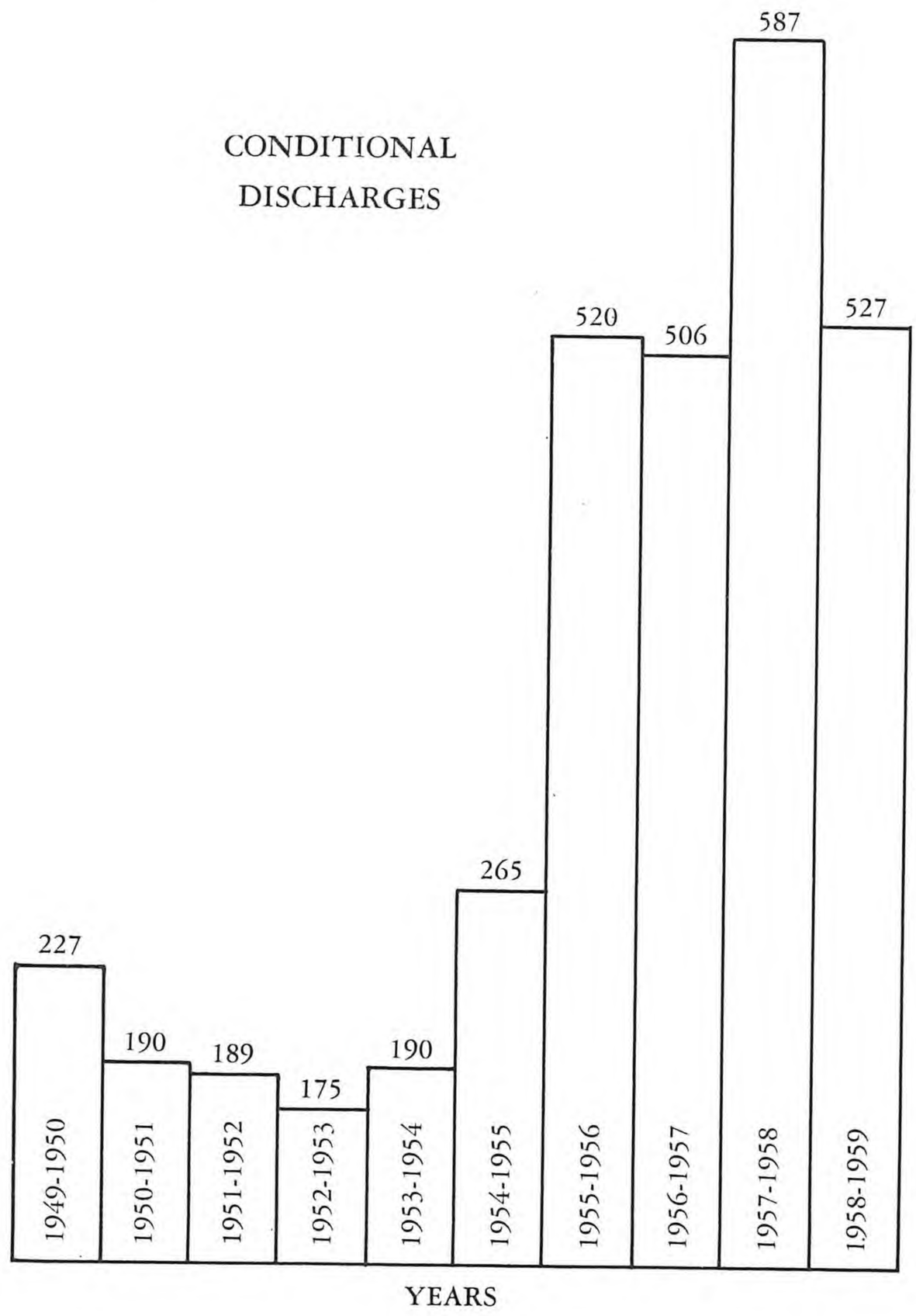
CHRONIC BRAIN SYNDROMES

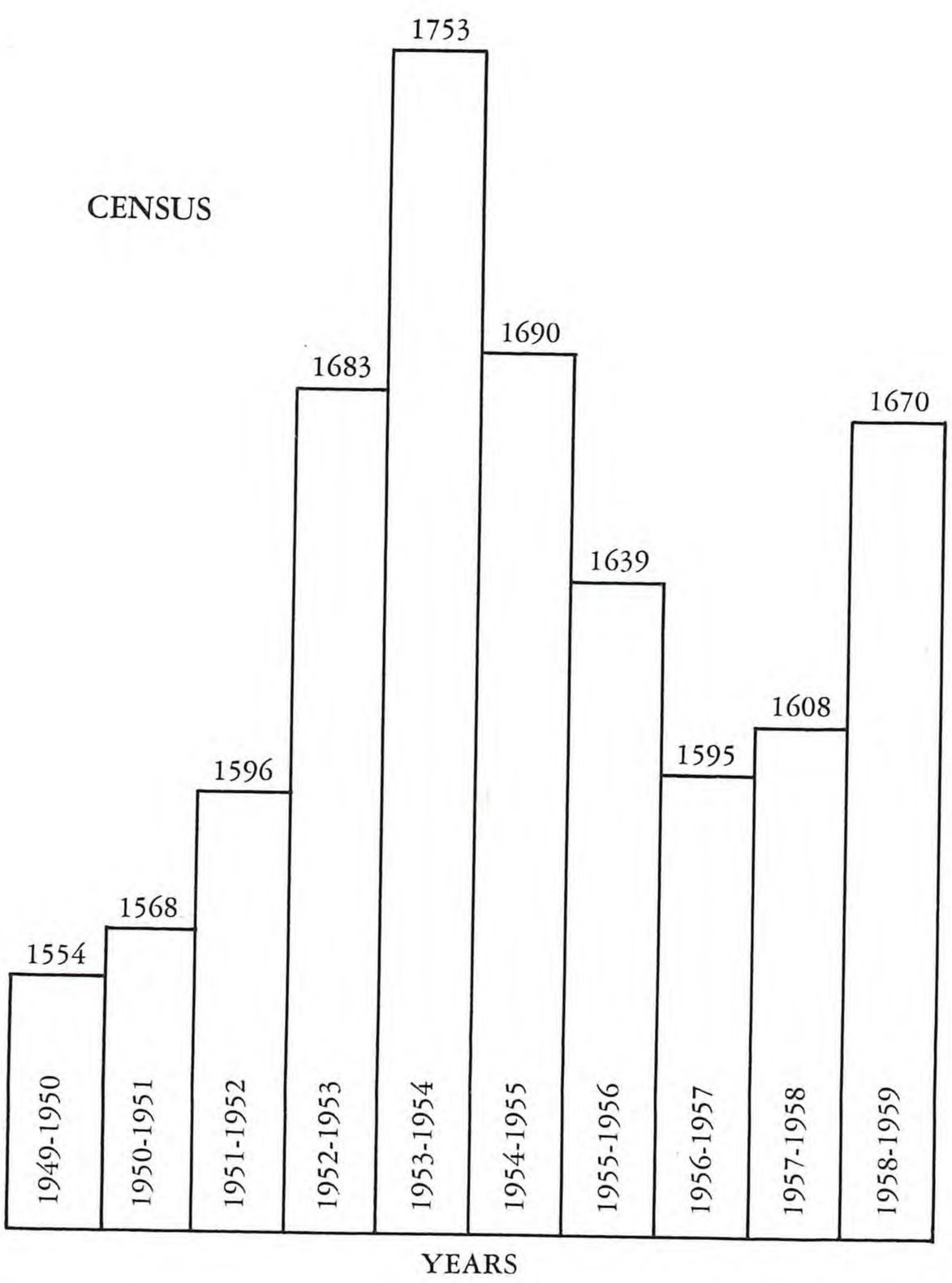
Diseases, Conditions due to Prenatal Influences	0	1	1
Meningoencephalitic Syphilis	7	1	8
Other Central Nervous System Syphilis	0	0	0
Epidemic Encephalitis	0	1	1
Other Intracranial Infections	0	1	1
Alcohol Intoxication	17	6	23
Drug or Poison Intoxication	0	1	1
Birth Trauma	4	2	6
Other Trauma	2	3	5
Cerebral Arteriosclerosis	63	48	111
Other Circulatory Disturbances	2	0	2
Convulsive Disorder	12	10	22
Senile Brain Disease	17	19	36
Other Disturbances of Metabolism, Growth, Nutrition	2	2	4
Intracranial Neoplasm	0	1	1
Diseases of Unknown or Uncertain Cause	2	0	2
Chronic Brain Syndromes of Uncertain Cause	4	3	7

PSYCHOTIC DISORDERS

Involutional Psychotic Reaction	12	40	52
Manic Depressive Reaction	7	20	27
Psychotic Depressive Reaction	2	2	4
Schizophrenic Reaction	101	121	222
Paranoid Reactions	1	4	5
Other Psychotic Reactions	0	0	0
Psychophysiologic Autonomic & Visceral Disorders	1	0	1
Psychoneurotic Reactions	20	43	63
Personality Pattern Disturbance	18	3	21
Personality Trait Disturbance	28	20	48
Antisocial Reaction	14	3	17
Dyssocial Reaction	0	0	0
Sexual Deviation	1	0	1
Alcoholism, addiction	2	0	2
Drug Addiction	0	1	1
Special Symptom Reaction	0	0	0
Transient Situational Personality	1	1	2
Mental Deficiency	21	11	32
Without Mental Illness	4	0	4
Mental Illness Undiagnosed	3	10	13
TOTAL	401	388	789

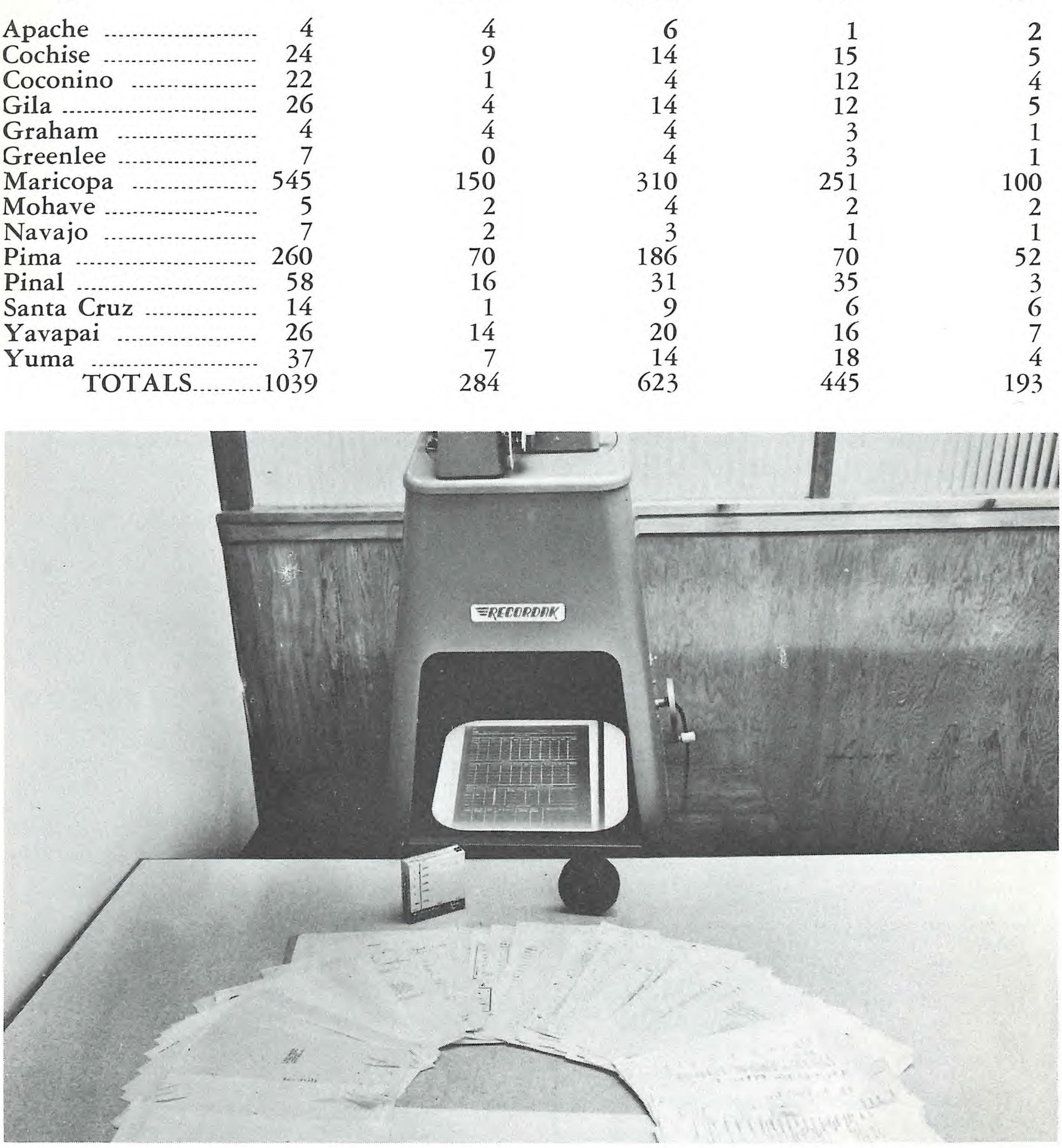
READMISSIONS			DISCHARGES			DEATHS		
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
2	3	5	27	9	36	0	0	0
0	0	0	0	0	0	0	0	0
0	1	1	0	0	0	0	0	0
1	0	1	6	3	9	0	0	0
0	0	0	0	1	1	0	0	0
3	1	4	9	2	11	6	1	7
1	0	1	0	0	0	4	3	7
0	0	0	0	1	1	0	0	0
1	0	1	1	0	1	0	0	0
13	5	18	24	13	37	5	0	5
0	0	0	0	1	1	0	0	0
6	1	7	9	4	13	0	0	0
2	1	3	5	1	6	0	0	0
7	14	21	23	20	43	54	35	89
0	0	0	4	3	7	2	2	4
23	10	33	29	17	46	5	2	7
2	4	6	4	8	12	26	18	44
0	1	1	0	0	0	1	0	1
0	0	0	0	0	0	1	1	2
0	5	5	0	6	6	2	1	3
2	1	3	9	1	10	1	5	6
8	25	33	21	56	77	2	1	3
12	17	29	16	36	52	0	2	2
0	0	0	6	4	10	0	0	0
93	183	276	204	249	453	4	3	7
0	0	0	2	4	6	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	1	0	1	0	0	0
9	16	25	34	49	83	0	0	0
5	0	5	18	1	19	0	0	0
8	8	16	34	24	58	0	0	0
2	2	4	16	6	22	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	1	0	1	0	0	0
2	1	3	3	1	4	0	0	0
0	0	0	0	1	1	0	0	0
0	0	0	0	0	0	0	0	0
1	0	1	1	1	2	0	0	0
14	15	29	26	18	44	1	5	6
0	0	0	4	1	5	0	0	0
0	3	3	0	0	0	0	0	0
217	317	534	537	541	1078	114	79	193


CONDITIONAL
DISCHARGES
227
190
189
175
190
265
520
506
587
527
1949-1950
1950-1951
1951-1952
1952-1953
1953-1954
1954-1955
1955-1956
1956-1957
1957-1958
1958-1959
YEARS


CENSUS
1554
1568
1596
1683
1753
1690
1639
1595
1608
1670
1949-1950
1950-1951
1951-1952
1952-1953
1953-1954
1954-1955
1955-1956
1956-1957
1957-1958
1958-1959
YEARS

Movement of Patient Population by Counties

COUNTY	RECEIVED	RETURNED FROM COND. DISCH. OR UNAUTHORIZED ABSENCE	COND. DISCHARGE & UNAUTHORIZED ABSENCE	DISCHARGED	EXPIRED
Apache	4	4	6	1	2
Cochise	24	9	14	15	5
Coconino	22	1	4	12	4
Gila	26	4	14	12	5
Graham	4	4	4	3	1
Greenlee	7	0	4	3	1
Maricopa	545	150	310	251	100
Mohave	5	2	4	2	2
Navajo	7	2	3	1	1
Pima	260	70	186	70	52
Pinal	58	16	31	35	3
Santa Cruz	14	1	9	6	6
Yavapai	26	14	20	16	7
Yuma	37	7	14	18	4
TOTALS	1039	284	623	445	193



A sample of one of the 18,519 patient and ex-patient records that must be maintained. Microfilm equipment has reduced storage space needed and has speeded the process of locating records.

Pharmacy

Requisitions filled	6,647
Items supplied	42,772
Out-Patient Prescriptions	2,211
Value of unopened drug stock on June 30, 1959	$14,667.19

Manufactured:

Liquids	602 gallons
Ointments	23 pounds
Powders	92 pounds
Injectionable solutions, small volume	3,200 cc.

Other Activities:

A complete revision of the Formulary was made by the Pharmacy and Therapeutics Committee. Many new drugs were evaluated, some accepted for use in the hospital pharmacy.

A monthly Pharmacy Bulletin is now being published for the dissemination of drug information to the medical and nursing personnel. It also serves as the official publication of the Pharmacy and Therapeutics Committee.

Lectures on drugs were gicen to Student Nurses and Psychiatric Aides.

A continuing program of regular ward drug inspections has been started. A nursing supervisor and a pharmacy staff member make monthly inspections of ward drug cabinets and file a report of their findings with the ward, the nursing office and the pharmacy.

The part-time services of a psychiatric aide were made available to the pharmacy to take care of the increased activity in the department.

The chief pharmacist attended an Institute on Hospital Pharmacy at the University of Utah.

SUN VALLEY NEWS

Editor: ..... Eli Schlossberg
Managing Editor: .... Dorothea K. Ryder
Assistant Editors: ..... H. F. Townsend
Barbara Kempf
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Occupational Therapy Department
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Arizona State Hospital
2500 E. Van Buren Street, Phoenix, Ariz.
Director:.....Samuel Wick, M.D.
Director of Nurses: Mary E. Pittman, R.N.
Business Manager: ..... R. A. Clelland

All material ... should be ha... month.

THE APROPOS PRESS CLUB STAFF

President . . . . . Arthur N.
Vice president . . . . . Myrtle Eldridge
Secretary . . . . . Wallace H.
Reporters: . . . . Frances Streets, Tully A., Wallace H., Cora L., Norbert F., Robert C., Connie K., Catherine H., Katherine B.,

Advisor: . . B.Kempf O.T.R.

Sponsors: . . Mary Cooper and Lois Bump Gray Ladies

Apropos Press Club meetings are held the 1st and 3rd Fridays of each month at 1:30 p.m. in the Press Club Room on Receiving East.

THE APROPOS is published monthly by the patient's press club of Arizona State Hospital, Phoenix, Arizona.

Sun Valley News

Each month news and information have been attractively printed and provided for patients, employees and interested persons in the State. An expanded column on personnel activities has been successfully written by Miss Clara Castellana, under the title "About Folks We Know". Articles relating to mental health have been included as educational material.

The patients' Press Club reorganized and became the Apropos Press Club. Members write and publish a 4-page supplement, "The Apropos". This is inserted in the regular issues of the Sun Valley News.

Physical Therapy Department

Treatments	Receiving (Male)	Geriatric (Male)	Receiving (Female)	Geriatric (Female)	B. Bldg. (Female)	Totals
Sed. tubs	1,408		1,225		1,759	4,392
Sed. packs	10				401	411
Needle spray	1,439				780	2,219
Rain douche					365	365
Whirlpool	481	344	916	240	436	2,417
Soaks			24		365	389
Massage	532	138	1,000	118	60	1,848
Oil rubs	89	100	153	178	199	719
Alco. rubs	1,494	104	1,225		3,071	5,894
Infra red	102	8	43	111	20	284
Ultra violet	38	11	46	56	52	203
Micro therm	188	9	443			640
Exercise	548	128	565	41		1,282
Arm wheel	409					409
Parallel bars	298					298
Bicycle	162		10			172
Gait training	266	32	140			438
Med. treatment	35				600	635
Dressings					265	265
Hydro exercise	192	10				202
Crutch training	13					13
Walker training	74					74
Shampoos					23	23
Ultra sonic	268	174	36	44		522
	8,046	1,058	5,826	788	8,396	24,114

Annual Average Work Load per Technician	8,038
Monthly Average Department Work Load	2,008.5
Monthly Average Work Load per Technician	669.5
Daily Average Work Load per Technician	31

(Daily Average based on 22 work days per month)

Dental Department

Examinations	1,278
New Patients	951
Treatments:	
Post-operative	707
Pyorrhea	908
Operative	15
General Anesthetic	3
Penicillin treatments	51
Prosthesis:	
Dentures	
Upper and lower	16
Upper	5
Lower	3
Adjustments	347
Plate repairs	37
Impressions	21
Extractions	830
Fillings	192
Amalgam	61
Porcelain	62
Cement	8
Temporary	61
Dental Prophylaxis	504
X-Rays	74
Follow-up treatments and examinations	2,768

X-Ray Department

CHESTS

Patients	1,282
Employees	423
For Ribs	22
Extremities	154
Skulls	140
Pneumoencephalograms	9
Spines	106
Pelvis	48

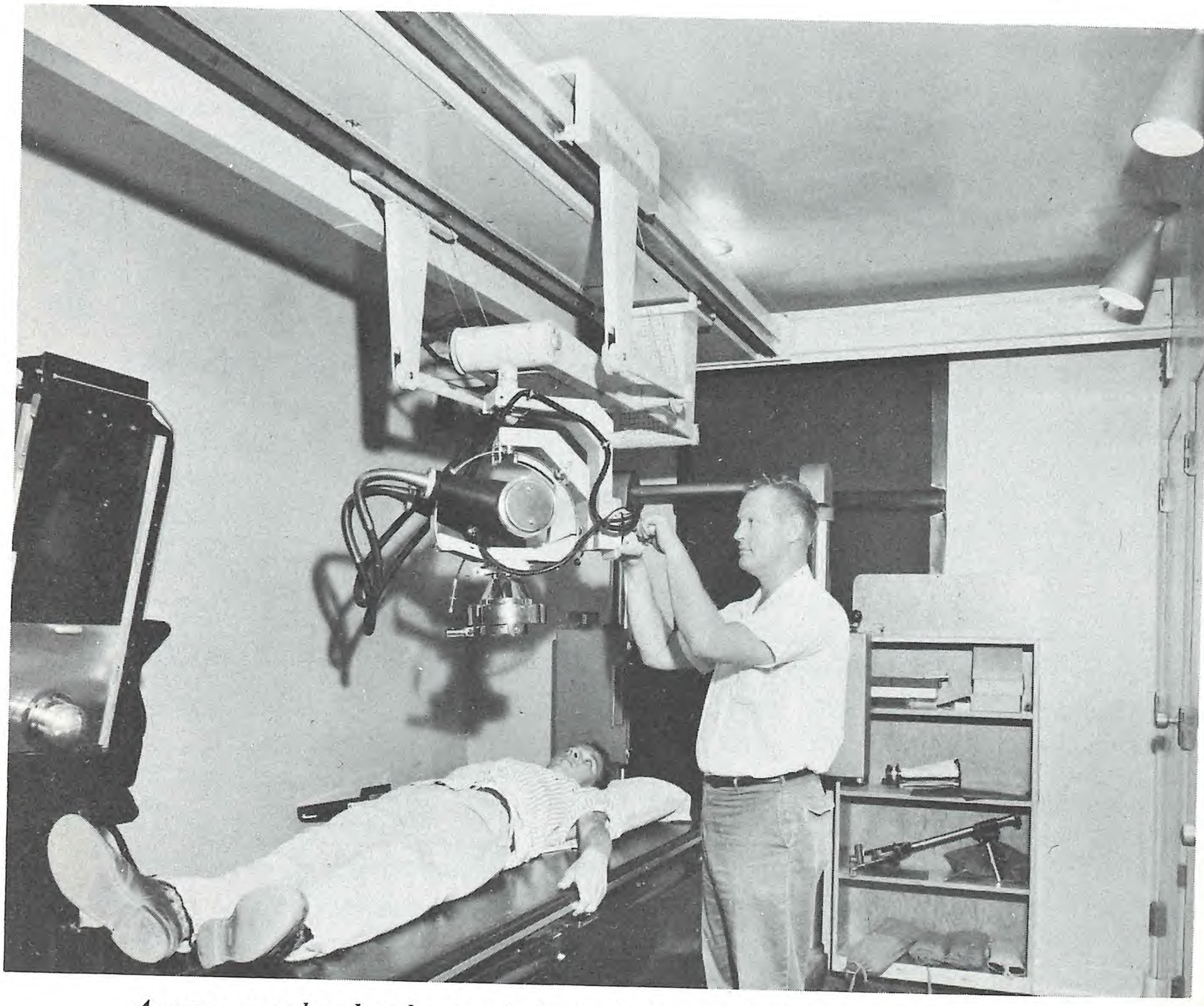
ABDOMEN

K.U.B.	10
I.V.P.	2
G.B.	15
B.E.	4
G.I.	5
Miscellaneous	80
Hip Pinnings in Surgery	10
E.K.G.'s	81
Fractures	97

TOTAL EXAMINATIONS 2,455

FILMS USED

14 x 17	1,999	
10 x 12	1,080	
7 x 17	89	
8 x 10	57	
		3,225



A new overhead tube track is used for patient X-Ray examination.

Laboratory

URINALYSIS	2,022
HEMATOLOGY	
Hemoglobin, Red and White	1,911
Differential Leukocyte Count	803
Sedimentation Rate	60
Platelet Count	7
Reticulocyte Count	6
Bleeding Time	15
Coagulation Time	17
Hematocrit	553
Blood Typing (Group and Rh)	38
Cross Match	97
C-Reactive Protein	13
CHEMISTRIES	
Icterus Index	52
Direct Vandenbergh	13
Indirect Vandenbergh	13
Non-Protein Nitrogen	133
Blood Sugar	648
Glucose Tolerance	5
Serum Amylase	4
Blood Creatine	1
Blood Creatinine	1
Serum Bromide	2
Cholesterol	15
Urine Copper	1
Blood Urea Nitrogen	165
Prothrombin Time	22
CO_2 Combining Power	13
Blood Ph	2
Cephalin-Cholesterol Flocculation Test	12
Serum Total Protein	109
Serum Albumin	108
Serum Globulin	108
Albumin/Globulin Ratio	108
Bromsulphalein Test	5
Transaminase	43
Phenolsulphonephthalein Test	3
Protein Bound Iodine	5
Serum Calcium	4
Thymol Turbidity	17
Alkaline Phosphatase	5
Acide Phosphatase	7
Serum Chloride	8
Protein Fractions by Electrophoresis	1
BLOOD SEROLOGIES	1,613
SPINAL FLUID TESTS	
Spinal Fluid Sugar	12
Spinal Fluid Chloride	12
Spinal Fluid Globulin	255
Spinal Fluid Cell Count	255
Spinal Fluid Total Protein	255
Spinal Fluid Colloidal Gold	218
Spinal Fluid V.D.R.L.	217
BACTERIOLOGY	
Antibiotic Sensitivity Test	138
Cultures	255
Gram Stain	173
Acid-Fast Stain for Tuberculosis (Sputums and Cultures)	48
Milk Coliform Count	550
Milk Bacterial Plate Count	596
Milk Phosphatase Pasteurization Test	296
Samples Collected for Milk Analysis	282
Feces Examination	18
SPECIAL TESTS	
Frog Test for Pregnancy	2
Coccidioidomycosis Complement Fixation Test	1
Gastric Analysis	4
Vomitus Examination	1
Gastric Lavages	14
Agglutination Tests	6
Basal Metabolism	25
Wet Mount for Trichomonas	26
Bone Marrow Examination	2
PAPANICALAOU SMEAR	219
BIOPSIES	27
AUTOPSIES	57
TOTAL PROCEDURES	12,752

Beauty Shop

Shampoos	4,957
Permanents	312
Finger Waves	4,954
Manicures	1,709
Rinses	4,947
Braids	83
Haircuts	3,392
Oil Treatments	169
Hair Dressings	4,954
Brow Arches	164
Facials	66

Report of the Business Manager

Arizona State Hospital Board
Lowell C. Wormley, M. D., Chairman

The principal concern of the Business Division for the fiscal operation of the institution is an adequate appropriation. This has been true for many years. It remains an item of concern.

Funds are deficient in these four areas (listed in the order of their importance):

1. Appropriations to hire sufficient employees, to pay decent salaries and to give increases to those whose meritorious service deserves recognition.
2. Uninterrupted appropriation for the revision of inadequate buildings until all patients' living conditions have been brought up to standard.
3. Funds to establish a research team, research facilities and to broaden employee education in mental health.
4. Funds to acquire new equipment and replace worn and obsolete equipment.

We have been fortunate in having sufficient funds for Current Expenditure (food, drugs, clothing, utilities and services of a contractural nature). As evidence of that fact we are returning $162,136.67 in unused Current Expenditure funds for the year. In the past five years these returns have totaled $684,538.60. The money returned would have gone a long way toward filling the four deficient areas listed above, if the law provided it could be spent for these purposes. *It is not allowed by the law.*

MONEY COLLECTED FROM PATIENTS TOWARD THE COST OF THEIR CARE TOTALED $349,265.94 THIS YEAR; A NEW RECORD. CONCENTRATION ON COLLECTIONS, WHICH MAY BE USED FOR CURRENT EXPENDITURES, MAKES IT POSSIBLE TO REQUEST A RELATIVELY SMALL CURRENT EXPENDITURE APPROPRIATION. THIS SHOULD MAKE IT POSSIBLE TO ASK FOR (AND RECEIVE) AN INCREASED AMOUNT IN THE AREAS WHEREIN WE ARE DEFICIENT.

The deficiencies require some explanation:

1. SALARIES —

During the year we increased our staff to 560 employees. Authoritative standards demand 750 employees for a hospital of our size and patient load. Our medical staff should have 20 additional members; our nursing staff needs more than 100 additional registered nurses; the remainder needed is in Social Service and other ancillary departments.

Not only are funds needed to pay salaries for these additional people, but also there is a need to increase the amount that can be paid in all categories before any but the most devoted can be encouraged to bring their unique skills to our hospital.

2. BUILDINGS —

The Legislature has seen the long-range building plan of the Hospital Board. Each year we ask for a portion of the funds needed for this plan to establish three new buildings and rebuild or replace five antiquated structures. The second regular session of the Twenty-Third Legislature made no such appropriation for 1958-1959.

REPORT OF THE BUSINESS MANAGER





"Going To The Sing" **ANDY TSINAJINIE** **COURTESY, REESE VAUGHN**

(Our 1959-1960 budget contains an appropriation for buildings, provided by the Twenty-Fourth Legislature. This should be an annual practice until the program is complete; about six more years!)

3. **RESEARCH and EDUCATION —**

Mental illness, which fills more than 50% of all hospital beds in the United States, is the least understood *and the least explored* of all illnesses. Unless specific attention is given to appropriating funds for research, insight into the nature, cause and treatment of mental illness will remain the incidental function of a pitifully small medical and psychiatric force that is already overworked.

4. **EQUIPMENT —**

This hospital is larger than many incorporated cities. Its needs for hundreds of kinds of equipment of a capital nature are constant. Unlike private industry, we are not able to reserve a portion of our income to amortize and replace worn and obsolete equipment items. No funds can be reserved for the purchase of new therapeutic devices. Capital purchases are dependent on a sufficint appropriation for Capital Outlay. *We have never been guilty of asking for equipment funds that could not be immediately justified by the contribution they could make to the patient recovery program!*

Arizona citizens and business concerns spend money at an annual per capita rate that ranks Arizona 11th nationally. Yet in the matter of annual per capita expenditures for state mental hospitals, this state ranks 37th according to figures recently released by the Western Interstate Commission for Higher Education.

WE ARE INCREASING OUR COST PER PATIENT PER DAY AS SHOWN IN THE FINANCIAL REPORTS HEREAFTER. THIS INCREASE (WITHIN SELECTED LIMITS) SHOULD BE ENCOURAGED, FOR IT REDUCES THE NUMBER OF DAYS OF TREATMENT PER PATIENT AND RESULTS IN A LOWER COST PER ILLNESS TREATED.

During the year I was honored with election to the Board of Trustees, Arizona Hospital Association; Board of Directors, Purchasing Agents' Association of Arizona; elected as Vice President in the National Asociation of Hospital Purchasing Agents; elected National Director in the National Association of Purchasing Agents.

The Business Division has improved its organization. Standards for Purchasing, Dietary and Engineering have been elevated. General Services, Farming, Supplies, Office Management (including accounting) have improved internal controls. I submit that the Business staff, in which all departments have completed (or are producing) written procedure manuals, should be commended for its continuing improvement.

Respectfully submitted,

R. A. Clelland
Business Manager

Business Division Staff

R. A. Clelland	Business Manager
Fred T. Loase	Assistant Business Manager
Helen W. Rice	Office Manager
Phillip R. Brown	Chief Engineer
Pearl Rogers	Executive Housekeeper
Louise Edwards	Chief Dietician
Walter Orr	Farm Manager
J. B. Richards	Supplies Department Manager

Standing Committees

Procedure Committee
Safety Committee
Coordinating (Employees') Committee
Salvage Committee
Forms Control Committee
Purchasing Standards Committee
Nursing Procedure Committee
Disaster Relief Planning Committee
Pharmacy and Therapeutics Committee
Annual Report Editorial Committee



Hospital Employees' Association Board and Chairman of the Coordinating Committee.

Assistant Business Manager's Report
Purchasing Highlights

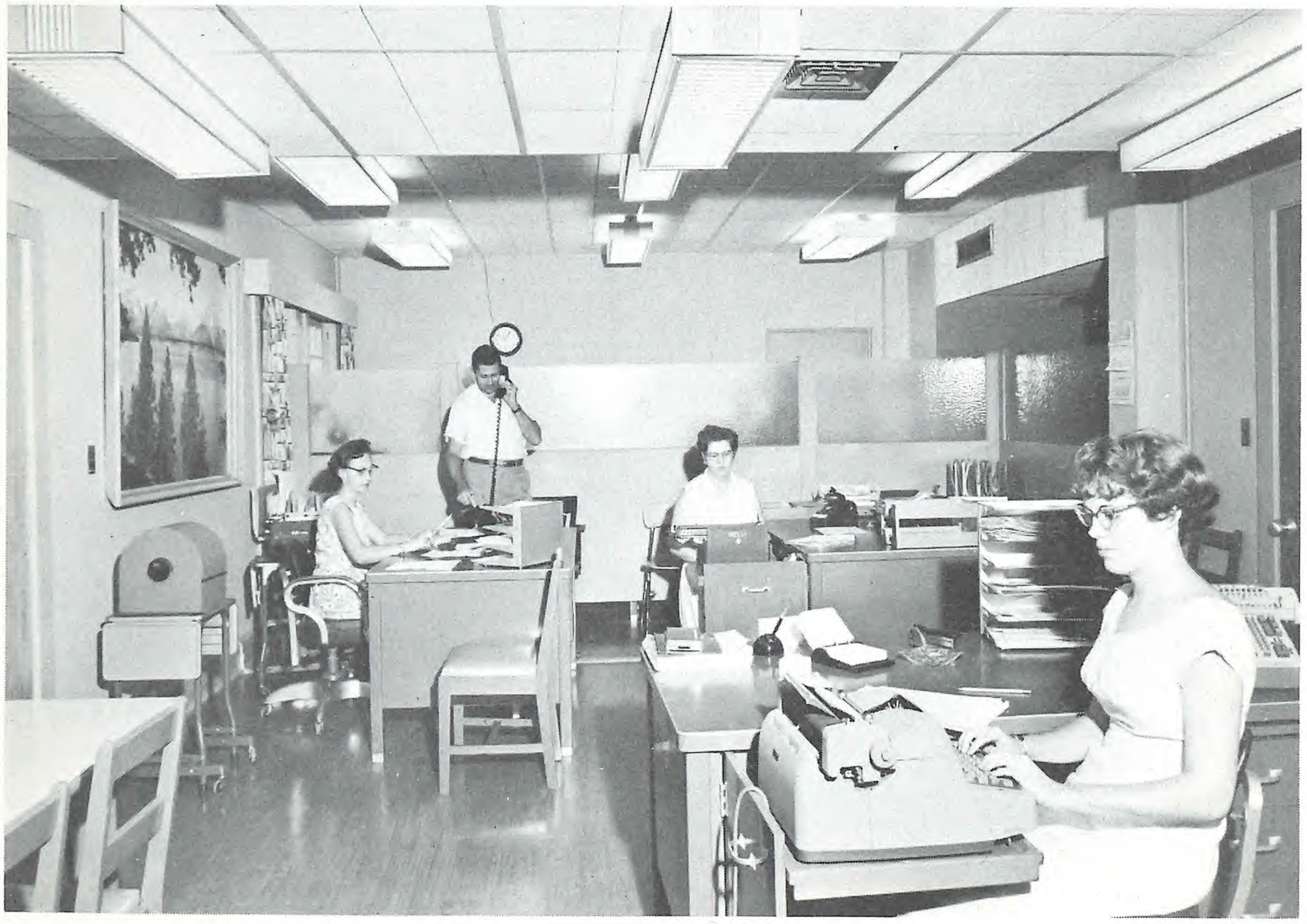
The Arizona State Hospital Purchasing Department is currently concerned with three major purchasing concepts, all leading to a resolute goal for the best care of patients at the lowest ultimate cost to the state. The first is Centralized Purchasing, designed to place all the Purchasing in one central department. Costwise this is a tremendous savings to the Hospital, for Purchasing is able to spend the time to do competitive buying, thus getting the best advantage for the Hospital.

Second, is an organized sub-committee arrangement containing thirteen small groups composed of key Department Managers. These serve to advise the Purchasing Standards Committee and enable it to arrive at the best quality standards and specifications for future procurements.

Third, is our recognition of the tremendous savings involved in an organized value analysis program. This concept has broad and varied applications leading to a systematic procurement of goods that will return the best value for monies expended. Purchasing is now experimenting with a sub-committee product evaluation program which involves team visitation to product using areas and recording first hand information on the use and value of present costly items.

STATISTICAL INFORMATION

Purchase Orders Processed	4,458
Miscellaneous Encumbrance Requests	105
Travel Orders	236
Change Orders	115
Time Discounts Taken	$2,240.09
Trade Discounts Taken	$6,114.20

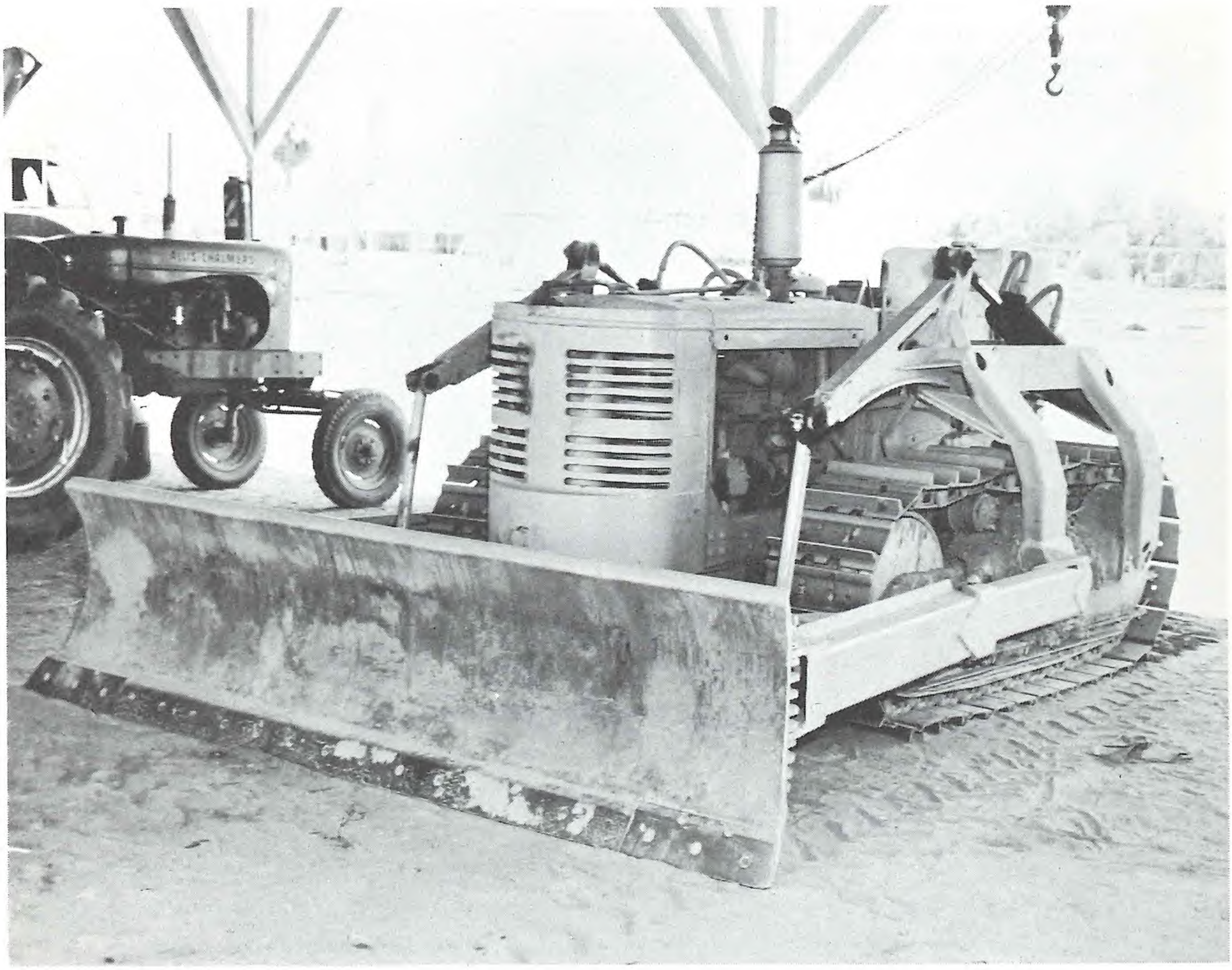


Purchasing Staff at work making the slogan "buy at the lowest ultimate cost" come true.

Purchases From State Surplus

The Assistant Business Manager responsible for Purchasing, maintains a weekly visit to the State Surplus Property Agency to acquire all excellent buys for Hospital Equipment and Supply needs. The following partial list reflects our purchases for the fiscal year 1958-59:

	Equipment — (over $1,000.00 value):	*Appraised Value*	*Cost to Hospital*
1	Crawler Tractor	$ 4,371.00	$ 250.00
1	Bakers Traveling Oven	4,033.00	422.45
1	Panel Truck	1,359.33	150.00
1	Towing Tractor	1,995.00	100.00
1	Sterilizer 16 x 24	1,100.00	25.00
2	Button Sewing Machines	1,338.00	68.18
8	Drinking Water Dispensers	1,080.00	100.00
1	Chevrolet Sedan	1,307.00	100.00
64	Equipment items under $1,000	8,663.76	791.10
	Total Equipment	$25,247.09	$ 2,006.73
	Supplies (For all Departments)	$ 5,738.11	$ 941.14
	Total Equipment and Supplies	$30,985.20	$ 2,947.87



This serviceable tractor, equipped with bulldozer blade and hydraulic mechanism, was purchased from State Surplus at a fraction of its sales value. It will be used in farming, construction and maintenance.

Canteen Operation

The Hospital maintains a well stocked canteen service for patients, employees and visitors. Open daily from 9 A.M. to 5 P.M., the service offers hot coffee, sandwiches, soft drinks, newspapers, candy, tobacco and a variety of sundry items.

The profits of this function are placed in a "Patients' Entertainment Fund" for the recreational benefit of patients. Benefits for the past fiscal year include the purchase of three pianos, a Bell & Howell 16 mm camera and tripod, a phonograph, a ping pong table, a substantial contribution to the cost of a new Station Wagon, as well as trips to ball games, fishing trips, tickets for movies, "Ice Capades" and other places of wholesome recreation and amusement.

Canteen Cards are furnished monthly to patients who participate in our industrial therapy program. Many patients also receive canteen cards paid for by relatives and friends.

The canteen is supervised by the Assistant Business Manager and operated by a Canteen Manager and Relief Manager, assisted by efficient patient help.

Patients' Entertainment Fund

A.	Total Receipts	$49,507.38	
	Total Expenditures	48,002.36	
	Net Cash Difference	$ 1,505.02	
B.	Beginning Inventory	21,214.22	
	Closing Inventory	20,997.59	
	Inventory Reduction	216.63	
C.	Receipts Itemized:		
	Cash Sales	22,933.67	
	Canteen Cards purchased by Individuals	14,953.46	
	Canteen Cards purchased by State	11,083.00	
	Donations	537.25	
		49,507.38	
D.	Expenditures:		Direct Expense
	Merchandise Purchased	37,238.42	$37,238.42
	Canteen Cards Refunded	541.90	541.90
	Salaries, Canteen Operators	4,119.59	4,119.59
	Federal Withholding Tax	810.97	810.97
	Industrial Commission	35.31	35.31
	Surety Bond	20.00	20.00

Rental, Vending Machines	355.25	355.25
Miscellaneous Expense	124.19	124.19
Patient Hospital Helpers	188.00	
Purchases for Patient Entertainment (Listed, Item G)	4,568.73	
	48,002.36	$43,245.63
Inventory Reduction		216.63
		$43,462.26

E. Profit or Loss:

Receipts	49,507.38
Direct Expense	43,462.26
ACTUAL NET PROFIT	6,045.12

F.

Bank Balance 7-1-58	10,268.65
Deposits	49,507.38
Re-Deposits	2,713.00
	62,489.03
Checks Written	51,540.75
	10,948.28
Deduct 2 Check Books	5.00
Bank Balance 6-30-59	10,943.28
Cash on Hand	64.31
Revolving Fund Check	80.72
Loaned for Change	21.00
Loans	1,197.40
Balance in Fund 6-30-59	$12,306.71

G. Purchases for Patient Entertainment:

Patient Outings	18.58
Watch Repair for Patient Helpers	50.50
Miscellaneous Expenditures	50.93
Piano Tuning	7.50
Pianos (3)	512.50
Ping Pong Table	38.39
Cash Box	5.48
Bell-Howell Camera	302.18
Tripod	26.01
Projection Light	5.71
Splicer	14.79
Projection Screen (Recreational Therapy)	53.04
Projector	540.37
Sedan (Recreational Therapy)	2,367.75
Patients' Trip to Fair	575.00
	$ 4,568.73

Office Manager's Report



Accounting: State funds, patients' personal funds, and income to pay for patient treatment are handled here. The accounts are audited annually by the State Post Auditor.

Maintenance Collection

Constant diligence in pursuing all possible sources of payment for patient care and treatment has resulted again this year in a sizable increase in collections. Payments on hospitalization insurance policies totaled over $14,000. This is gratifying because it indicates that a goodly number of insurance policies do provide coverage for mental illness, thus giving important recognition to the fact that there is no great difference between mental and physical illness, which would require the state to bear all of the cost burden. Such coverage certainly eases the financial burden of the individual and may, in addition, encourage him to come to the hospital for treatment in the early stage of his illness. It is anticipated that one day soon the clause excluding coverage for mental illness will no longer be included in the policy of any insurance company.

History of Collections:

1956-1957	$ 226,289.33
1957-1958	301,702.16
1958-1959	349,265.94

The total for 1958-1959 was collected from the following sources:

Court Ordered and Agreed Payments	170,409.21
County Payments for Hold Order Patients	17,997.58
County Payments for Minor Patients	5,143.44
Social Security Administration Payments	25,979.68
Railroad Retirement Board Payments	2,111.27
Hospitalization Insurance Payments	14,408.70
U. S. Veterans Administration Payments	6,904.38
Federal Government for Indian Wards	98,460.38
Payments on Delinquent Accounts	7,851.30

Cost of Patient Maintenance

Average Daily Patient Load	1,622
Cost Per Patient Day	$ 4.52

Expenditure Report

Governmental Code	Appropriations and Other Income	Expended	Unused Balance	Reverted to General Fund	Fwd. to 1959-60
1-3-11-000-0100 Personal Services	$1,691,795.00	$1,689,590.87	$ 2,204.13	$ 2,204.13	-0-
1-3-11-000-0200 Current Expenditures — Other	458,500.00	449,575.69	8,924.31	8,924.31	-0-
1-3-11-000-0201 Food	300,000.00	261,930.83	38,069.17	38,069.17	-0-
1-3-11-000-0300 Subscriptions and Dues	650.00	650.00	-0-	-0-	-0-
1-3-11-000-0401 Travel State	3,000.00	1,881.50	1,118.50	1,118.50	-0-
1-3-11-000-0402 Travel - Out of State....	500.00	495.18	4.82	4.82	-0-
1-3-11-000-0404 Return of Patients	4,000.00	3,811.27	188.73	188.73	-0-
1-3-11-000-0800* Special Operating	349,265.94	241,881.46	107,384.48	107,384.48	-0-
1-3-11-000-0900 Current Fixed Charge..	4,712.00	3,464.86	1,247.14	1,247.14	-0-
1-3-11-000-1000 Professional Fees	4,000.00	3,758.04	241.96	241.96	-0-
1-3-11-000-1100 Care of Institutional Patients	20,000.00	19,977.00	23.00	23.00	-0-
1-3-11-000-1200 Discharge Money	200.00	122.00	78.00	78.00	-0-
1-3-11-000-1300 Revolving Account	2,500.00	-0-	2,500.00	2,500.00	-0-
1-3-11-000-0501 Capital Outlay — Equipment	47,410.00	47,407.57	2.43	2.43	-0-
1-3-11-000-0502 Capital Outlay — Building and Improvements	23,000.00	23,000.00	-0-	-0-	-0-
1-3-11-000-0503 Capital Outlay — Livestock	150.00	-0-	150.00	150.00	-0
1-3-11-000-0507 Construction and Equipment**	55,000.00	-0-	55,000.00	-0-	55,099.99
				-0-	55,000.00
1-3-11-000-0516 Capital Outlay — Remodeling Bldg. F and Air Conditioning..	124,376.47	124,376.47	-0-	-0-	-0-
1-3-11-000-1517 Capital Outlay — Bldg. and Improvements	475,000.00	-0-	475,000.00	-0-	475,000.00
2-3-11-000-0700 Endowment Earnings....	77,434.76	32,959.22	44,475.54	-0-	44,475.54
Total Available for Expenditures	3,641,494.17				
Total Expended		2,904,881.96			
Balance June 30, 1959			736,612.21		
REVERT TO GENERAL FUND				162,136.67	
Balance fwd. 1959-60					$574,475.54

*Maintenance Collections
**Non expendable

Classification of Expenditures

Object Code		Amount
110	Personal Services	$1,689,590.87
211	Postage	2,918.17
212	Telephone and Telegraph	15,218.20
215	Heat, Light, Power and Water Service	121,053.96
220	Travel — State	1,881.50
230	Travel — Out of State	9,960.46
240	Professional fees	23,149.33
261	Maintenance of Grounds	55,607.53
262	Maintenance of Equipment	20,876.41
270	Care of Institutional Patients — Outside Services	43,431.15
280	Trainees	4,815.62
290	Other Contractural Services	14,485.05
310	Office Supplies	19,705.01
321	Food	261,930.83
350	Vehicle Supplies	11,721.70
370	Maintenance and Construction Supplies	55,643.31
390	Other Supplies, Materials and Parts	317,357.08
411	Rent — Office Equipment	329.13
412	Rent — Other Machinery	479.00
417	Rent — Other	2,341.39
421	Bonds — Officials and Employees	315.34
430	Subscription and Organization Dues	3,199.86
450	Discharge Money	122.00
931	Refund of Maintenance	1,005.80
610	Equipment	59,899.74
620	Building and Improvements	167,843.52
	Total	$2,904,881.96

Budget for Year 1959-60

	Appropriations and Other Income	Current Expenditures	Capital Outlay	Personal Services
Personal Services				$1,859.474.00
Other Current Expenditures	$	458,500.00		
Food		300,000.00		
Subscriptions & Organization Dues		650.00		
Travel — State		3,000.00		
Travel — Out of State Return of Patients		4,000.00		
Travel — Out of State (Other)		300.00		
Current Fixed Charges		4,460.00		
Professional Services		4,000.00		
Care of Institutional Patients — Outside Services		20,000.00		
Discharge Fees — Institutional Inmates		200.00		
Revolving Account		2,500.00		
Capital Outlay — Remodeling Building "A" and Surgery Area; Building a Rehabilitation Center			475,000.00	
Federal Matching Funds			125,000.00	
Capital Outlay — Equipment Other than Business Office			15,513.00	
Capital Outlay — Building & Improvements			23,500.00	
Capital Outlay — Livestock			150.00	
Endowment Earnings			35,000.00	
Special Operating (Maintenance Collections)		350,000.00		
Totals		$1,147,610.00	$674,163.00	$1,859,474.00
Total Budget for Year 1959-1960				$3,681,247.00

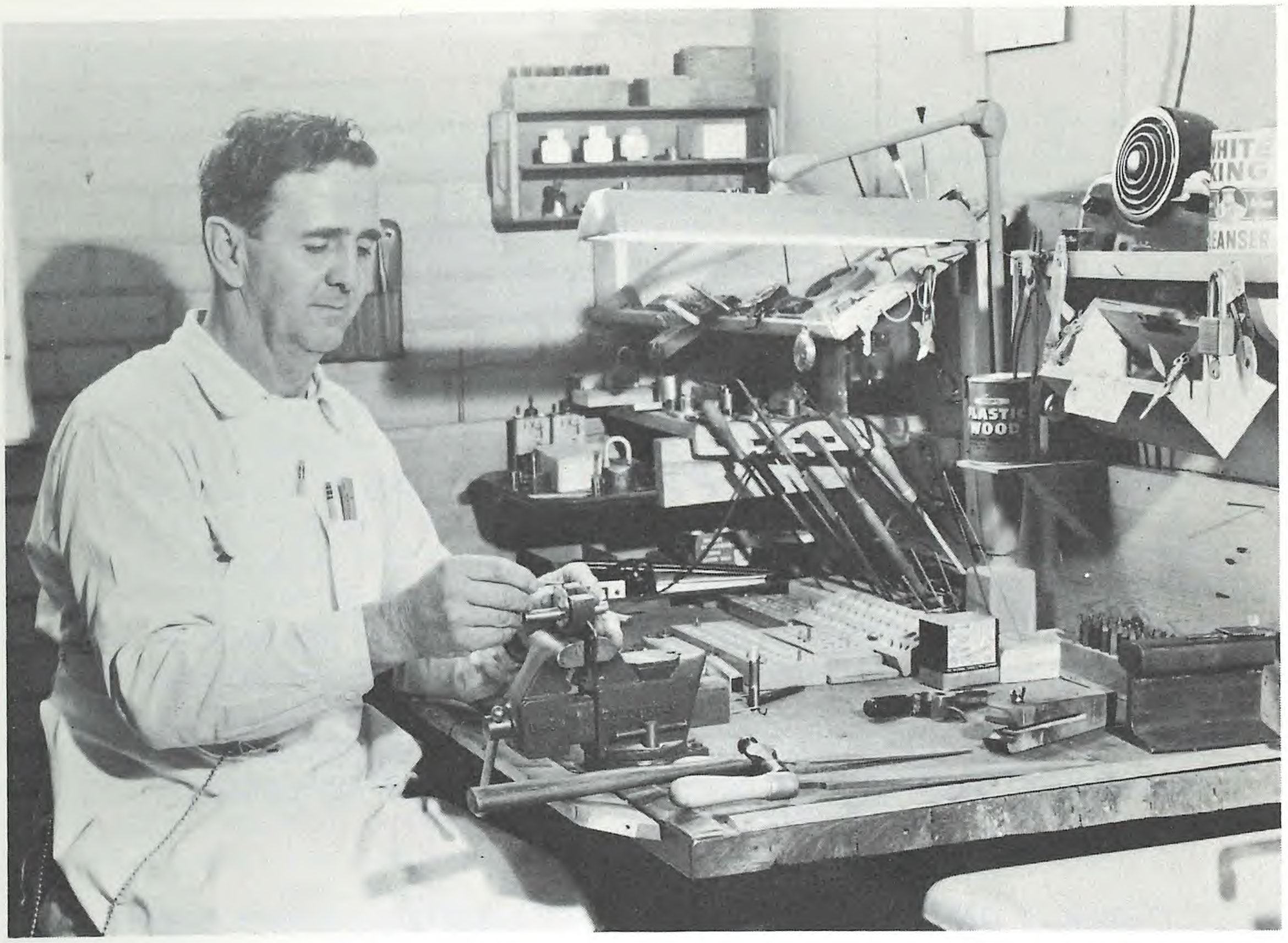
Patients' Trust Fund

Balance in fund July 1, 1958	$ 41,583.22
Received	92,527.94
	$134,111.16
Disbursed	92,373.32
	$ 41,737.84
Checks returned	84.53
Balance in fund June 30, 1959	$ 41,653.31

Key Control

Seven years ago there existed no system for internal control of keys in the hospital plant. Control procedures were thus developed from "scratch". The task of sorting the heterogeneous bulk of keys then in existence and to separate the obsolete keys from those in use, identifying each current key as to location and assigning it to the employee entitled to use it, was a monumental task. Eventually a system was evolved which provides a record of every key to every lock, cross-indexed as to name of employee, hospital key number, geographical location and manufacturer's number. Each key is assigned a number and there is on file in a locked cabinet a master file key for every lock in use. There are at present in this cabinet a total of 870 keys.

As records were set up, a system was established for maintaining internal control. Our Key Control Clerk is responsible for maintaining the files; for the issuance of keys and identification tags to authorized personnel; for the replacement of broken or worn keys; for assisting Engineering Services in the keying of new buildings or the re-keying of present buildings, and for continued periodic inventorying of all issued keys and the return of keys by terminated employees. During this fiscal year there were 4400 such key procedures.



Master Locksmith, here retumbling a lock cylinder, makes all Hospital keys and required lock changes.

TRANSFER OF NON-RESIDENT PATIENTS TO OTHER STATES

Alabama	1	New Mexico	1
Arkansas	5	New York	1
California	30	Ohio	4
Connecticut	1	Oklahoma	1
Kansas	1	Oregon	1
Illinois	4	South Carolina	1
Indiana	1	Texas	3
Michigan	1	Utah	27
Minnesota	1	Wisconsin	1
Missouri	1		
Nebraska	1	Total	87

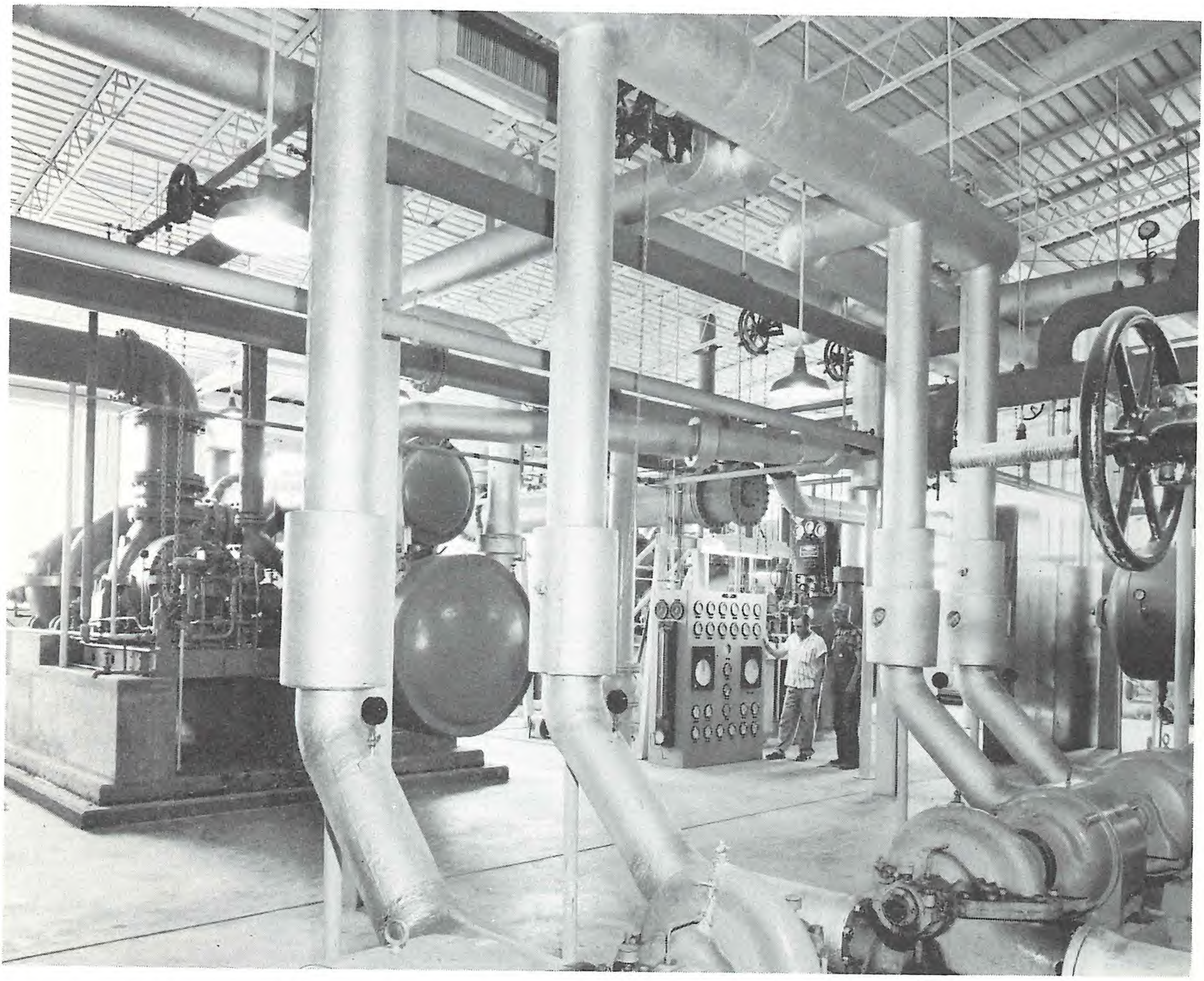
Total Number of Miles Traveled	44,924
Car Depreciation	$ 365.00
Servicing of Car in Hospital Garage	238.00
Gas, Oil and Car Expense Enroute	1,711.60
Lodging	902.07
Meals	1,437.70
Salaries (Two Employees)	2,539.93
Medication	85.61
Common Carrier Tickets	1,290.60
Total	$ 8,570.51
Less Travel Reimbursement	162.00
	$ 8,408.51
Average per Patient Cost	$ 96.65

During the year the Hospital used a limited amount of chartered plane service and commercial airlines for patient transfer. This contributed to the reduction from $133 to $97 per patient transferred.

Engineering Services

We are proud that the condition and appearance of our buildings, equipment, furnishings and grounds are unquestionably the best in the hospital's history. This fact perhaps best illustrates the responsibilities and effect of the Engineering Services Department and that the department is ancillary to patients' care, treatment and recovery. It is satisfying to realize also that inherent with these qualities are reduced operating costs and greater productivity.

Calls for work of an emergency service nature this year totaled 7,366. This is a small reduction compared to last year and is less than for any of the past six years. This reduction is good and indicates the benefits of preventive maintenance. The reduction of emergency service calls allows for greater accomplishment of work of a major nature. The completion of 1,619 work orders of a major nature this year is an increase of 66% compared to last year and the greatest in the history of the department. Our average backlog is about 250 job requests. We have graduated from being only a maintenance department to a maintenance and improvement department. The need for new buildings and rehabilitation of old buildings is well recognized and the experience of the Engineering Services Department can certify to the immediate and ultimate economies of their operation and maintenance. Their primary benefit is, of course, to the patients.



Pumps, turbines and control panel for two (600 Ton) refrigeration units. This Central system heats and cools most hospital buildings.

Fire Marshal's Report

Inspections of our Hospital during the past year by organizations of the national, state and city levels, concerned with fire safety have reported such favorable comments as: "This is a very well organized department"; "No recommendations or corrections"; "It is evident — that a well established program of fire prevention and fire fighting training has proved successful in the small losses incurred."

Nineteen fire incidents occurred during the year. This is a reduction of six compared to the previous year. One fire resulted in minor injury to a patient. There were no fatalities. One fire was caused by spontaneous ignition. Eight fire incidents were attributed to patients smoking. Two incidents were the result of smoking by employees and visitors. Two fire incidents were due to the failure of electrical appliances. Three fires were evidently caused intentionally by patients.

All employees have or will receive fire safety training. One hundred and ten employees have received training during the past year, to bring the total of schooled employees to 310 since the inception of our fire safety training program two years ago. The trainee's use of extinguishers to extinguish demonstration fires has done much to promote the program and give confidence to the employee during a fire emergency. Greater use of visual aids is planned.

Many fire safety corrections have been made during the year. All of our carbon tetrachloride extinguishers, now considered too toxic to be safe, have been replaced with approved equipment. A Hospital Fire Brigade, comprised of Engineering Services Department personnel, has been organized and is being trained by the Hospital's Fire Marshal.

We are working with the City of Phoenix to obtain a direct connected fire alarm circuit from our telephone switchboard to the City's Fire Station No. 11, at the northwest corner of our grounds. Plans and specifications are being developed for improvements to the Engineering Services Department's paint shop to meet fire safety standards. Fire safety considerations are an important part of the current planning and design for our new construction and the rehabilitation of buildings.



Hospital Fire Marshal demonstrates use of extinguishers to classes for several hospitals held at Arizona State Hospital.

General Services

The General Services Department consists of three sections, supervised by the Executive Housekeeper:

I Housekeeping. This section is operated by two housekeepers with eight assistant housekeepers and patient helpers on industrial therapy assignment. The section is responsible for maintaining all office areas and any building area not assigned to ward personnel. In addition, the housekeepers assist ward and patient personnel in learning techniques of housekeeping. One of the important events during the year was the participation by the housekeeping section in an experiment with floor waxes and neutral cleaners to help the Purchasing Department arrive at a list of approved products. Several waxes and several cleaners were found to be satisfactory; competitive bidding on these products by Purchasing will account for an estimated savings of slightly more than $10,000.

II Mattress Shop. Under the direction of an experienced mattress shop fore-



New benches for the Out-Patient Clinic waiting room are prepared with patient help in the mattress and upholstery shop.

man, the patients have learned the art of upholstering and mattress making; some of them have entered these occupations upon discharge from hospital treatment. During the year the mattress shop section produced 317 mattresses of a variety of designs at a fraction of the cost of purchasing such mattresses new. The area also upholstered a number of pieces of hospital furniture and manufactured 209 beds.

III Laundry. The laundry processed two and a quarter million pounds of flat work in addition to doing the daily laundering of clothing for sixteen hundred people. Our laundry is a member of the American Institute of Laundering and uses the laboratory testing facilities of that Institute throughout the year. Tests show that flatwork and white goods washed in the laundry retained 100 per cent whiteness and showed a loss of only 5% in textile strength after many launderings. Such results can only be obtained in a better than average laundry operation.

General Services is responsible for the transfer of furniture and heavy equipment from one department to another and the storage of blankets and equipment. When not in current use, this requires a considerable amount of accurate clerical work.



Old and new in laundry truck equipment. Welder-Garage Supervisor watches Laundry Manager use steel truck manufactured by patients and employees in Hospital Welding Shop. It replaces old wooden truck at left.

Dietary Department

New work schedules were set up in Dietary this year to acquire more "man-hours" per day. By careful analysis of time and work load, it has been possible to "pick-up" one half employee or four hours per day. The purpose of this particular analysis was to enable the kitchen to offer more catering service.

Dishwashing compound experiments were another important project. To evaluate the worth of such products, in a scientific fashion, Dietary set up a complete and well-controlled experiment. This was done in two stages. The first was a preliminary experiment to eliminate obviously unsuitable products, and products whose manufacturers were not prepared to give necessary service.

The second was a practical experiment to test one soap compound against another. Dietary worked with Purchasing to compare cost "in use" as well as initial prices of all tested products.

Equipment manuals for all kitchen areas have been compiled and distributed. These manuals contain information on each piece of Dietary equipment, telling how to clean each item, what products to use and the frequency of cleaning. These projects have been in addition to the routine work involved in serving 6000 meals per day.

1. *Analysis of Meals Served*

A.	Patients	1,777,887
	Employees	124,888
	Student Nurses	6,361
	Guests*	6,463
	Total meals served by Dietary Service	1,915,599
	*This includes prospective employees and Volunteer workers.	
	Average cost per meal	$ .1698
B.	Raw Food Cost	
	Foods delivered from Storeroom and Farm	$ 258,442.39
	Bread delivered on Contract	12,426.27
	Milk delivered from Farm	
	112,646.75 gallons @ .49 per gallon	54,731.10
	Total Cost	$ 325,599.76

2. *Total Cost of Food for Supplementary Feeding on Wards* ..... $ 3,099.94
3. *Total Resident Employee Subsistence Provided* ..... $ 29,039.35



The Chief Dietitian demonstrates a cleaning solution to members of the Purchasing Sub-Committee on Cleaning Supplies. This committee aids purchasing to establish proper product standards. This scene is part of an extensive test of machine dishwashing compounds.

Value of Food Purchased, Produced and Donated

PURCHASED PROVISIONS:		
Meat, Fish, and Dairy Products	$ 87,553.55	
Fresh Produce	13,355.14	
Groceries, Staples	159,759.19	
		$260,658.88
FARM PRODUCTION:		
Meat and Dairy Products	99,727.56	
Fresh Produce	9,008.95	
		108,736.51
GOVERNMENT SURPLUS PRODUCTS:		
Butter	35,264 Pounds	
Cheese	10,542 Pounds	
Corn Meal	14,300 Pounds	
Dried Milk	259 Cases	
Flour	42,650 Pounds	
Rice	9,800 Pounds	
Total Handling Cost	$ 1,391.95	
Wholesale Value	$ 34,607.94	34,607.94
Total		$404,003.33



One of the new high-pressure cooking units for quick preparation when needed.

Farm Production and Operation Report

PRODUCTION, Consumed by Dietary Service

	Units Delivered	Units	Unit Price	Total Value	Totals
Total Garden Produce	283,148	Lbs.			$ 9,008.95
Dairy Products:					
Milk, Whole	126,783	Gals.	.433	54,951.72	
Beef, Butchered	38,691.5	Lbs.	.397	15,353.22	
Total Dairy Products					70,304.94
Poultry:					
Chickens	7,700	Lbs.	.119	918.50	
Turkeys	27,965	Lbs.	.216	6,047.07	
Eggs, Hen	62,402	Doz.	.355	22,163.10	
Eggs, Turkey	115	Doz.	.44	50.42	
Total Poultry Products					29,179.09
Total Food to Dietary Service					$108,492.98



Harvesting a bumper crop of tomatoes.

Production, Harvested for Consumption by our Livestock:

Barley	99,794	Tons	6,187.23
Barley Straw	4	Tons	100.00
Alfalfa Hay	835¼	Tons	30,069.00
Ensilage	600	Tons	9,000.00
Milk, fed to Calves	11,904	Gals.	5,824.80
Milk, fed to Poultry	1,796	Gals.	868.57
			52,049.60

Operating Expenses

Contractual Services:		
Electricity	1,949.56	
Irrigation Water	4,856.46	
Veterinary Services	410.62	
Professional Fees	1,242.42	8,459.06
Supplies, Materials and Parts:		
Dairy Feed and Supplies	42,807.44	
Agricultural Supplies	5,664.28	
Fuel and Lubricants	2,218.14	
		50,689.86
Personal Services — Farm Salaries		38,294.17
Total Operating Expenses		$ 97,443.09
Total Value of Farm Products		$108,492.98
Total Cost of Farm Operation		97,443.09
Net Profit		$ 11,049.89

LIVESTOCK REPORT

	Increase			Decrease			
Cattle and Poultry	Inventory 7-1-58	Maturity or Birth	Purchases	Maturity to Cows	Death	Butchered	Inventory 6-30-59
Cows	122	26			11	13	124
Calves & Heifers	173	98		20	20	83	148
Bulls	5	1			1		5
Chickens	5,287		3,600		1,033	1,925	5,929
Turkeys	1,771		1,822		349	1,649	1,595

Supplies Department

Much progress in new and better systems was made in the Supplies Department during the fiscal year of 1958-1959 with a complete overhaul of inventory structure. We have now completed one full year of using the traveling requisition system, which has been an invaluable source of information for better inventory control.

As the hospital grows and gets more crowded, inventory and storage requirements increase. This storage problem was relieved by an additional small storage area for cleaning supplies.

New methods of receiving and inspection have been enforced to assure that we will get and pay for precisely the items that were ordered.

There were 1,833 new units of Capital Equipment received during the year, bringing the total inventory to 13,416.



Receiving inspection on finish and quality of new jackets.

Inventory of Supplies at Conclusion of Fiscal Year

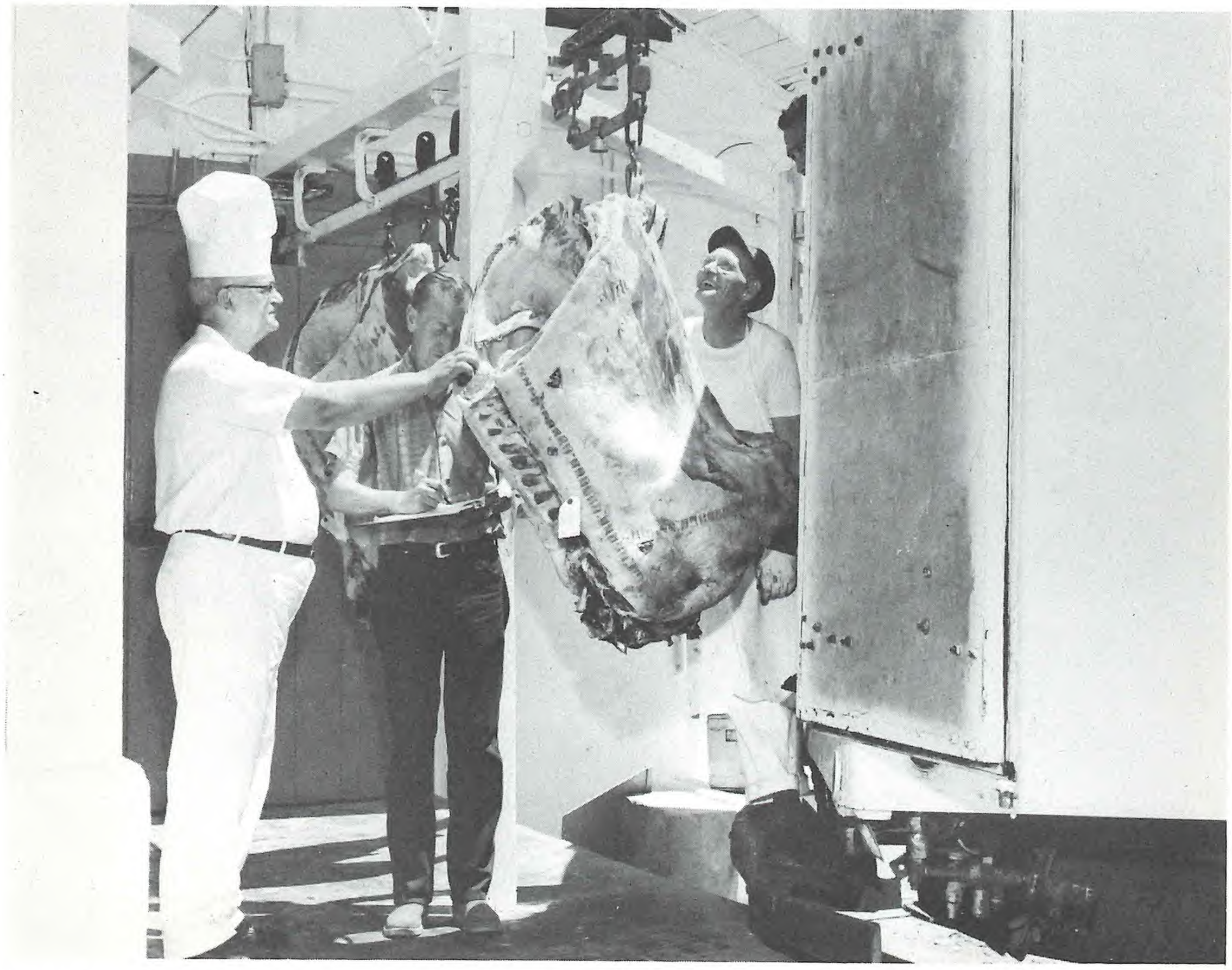
Supplies Department			
General Supplies		$ 17,551.03	
Beauty Supplies		485.25	
Office Supplies		6,299.04	
Food Supplies		35,499.90	
Central Service		7,604.44	
Clothing Supplies		56,869.96	
			$124,309.62
Estimated value of clothing made in the sewing room and returned to Supplies Department Stock. (Previously inventoried as yard goods, thread, etc.)	7,087.35		
			$131,396.97
Pharmacy:			
Unopened drugs in Pharmacy Warehouse		14,667.19	
Engineering Services:			
Supplies and parts in Warehouse		32,675.00	
			$178,739.16

Report of Salvage Sales

Auction Sale, May 14, 1959		$ 838.25	
Advertising Expense		6.66	
			$ 831.59
Sale of Grease and bones		$ 138.00	
Sale of tins and cardboard		436.92	
Sale of rags		250.30	
			$ 825.22
Total			$ 1,656.81

Sewing Room Production

Alterations	56	
Aprons, Barber	6	
Aprons, Grocery Type	610	
Aprons, Pinafore	192	
Aprons, Restraint	288	
Aprons, Rubber	41	
Aprons, Special	36	
Bags, Clothing	511	
Bags, Coffee	24	
Bags, Laundry	1,148	
Bands, Restraint	60	
Bibs	732	
Blouses	620	
Covers, Cart	12	
Covers, Chair	2	
Covers, Couch	1	
Covers, Ironing Board	21	
Covers, Protective Pillow	100	
Covers, Seat	2	
Covers, Table	21	
Curtains, Dishwasher	2	
Curtains, Chicken Coop	13	
Curtains, Window	50	
Diapers	819	
Drapes	139	Pr.
Dresses, Cotton Print	3,268	
Dresses, Special	180	
Glove Wrappers	699	
Gowns, Night	2,215	
Gowns, Tie Back	1,436	
Holders, Instrument	427	
Holders, Pot	24	
Masks, Isolation	102	
Mittens, Restraint	36	
Napkins	72	
Pads, Ironing Board	33	
Panties	7	
Pillow Slips	75	
Pillow, Sofa	2	
Saddles, Turkey	248	
Shams, Pillow	6	
Sheets, Bed	19	
Sheets, Protective	286	
Shirts, Sport	96	
Shorts, Bermuda	156	
Shorts, Hydro tub	8	
Skirts	312	
Slips, Seersucker	1,250	
Towels, Bath	9,800	
Towels, Hand	28,724	
Towels, Tea	624	
Valances	18	
Total	55,629	



Supplies Department personnel and Chef receive delivery of government-inspected beef.



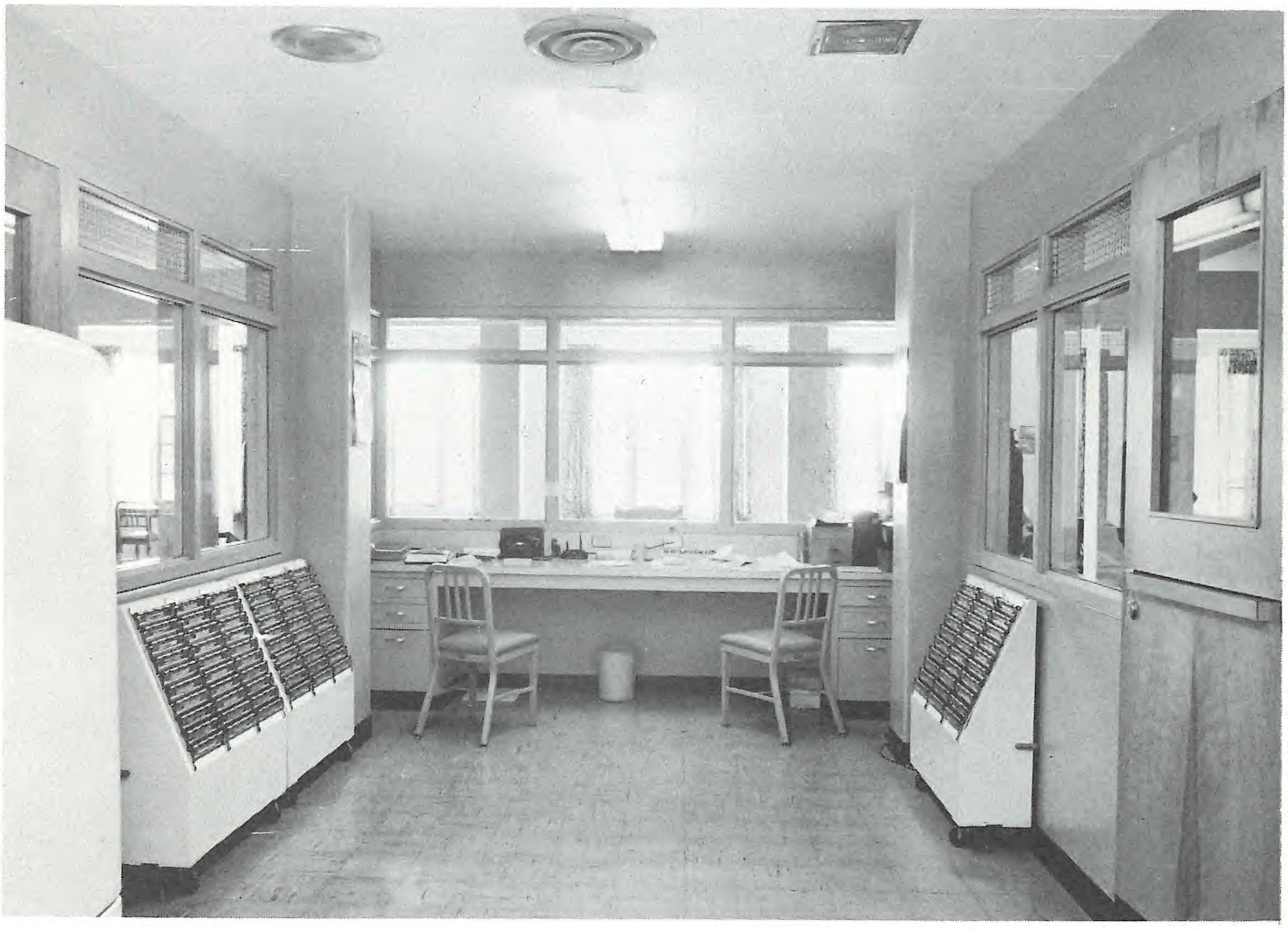
"The Rolling Hills Along State Route 69" HAROLD DANSKIN

''Before and After''

This section regularly shows the building changes through the course of the year. Due to the fact that during the fiscal year 1958-1959 there was no separate building appropriation, virtually none of the things needed for that year are included.



This was the crowded office of a large ward; impossible to arrange efficiently; no visual control.



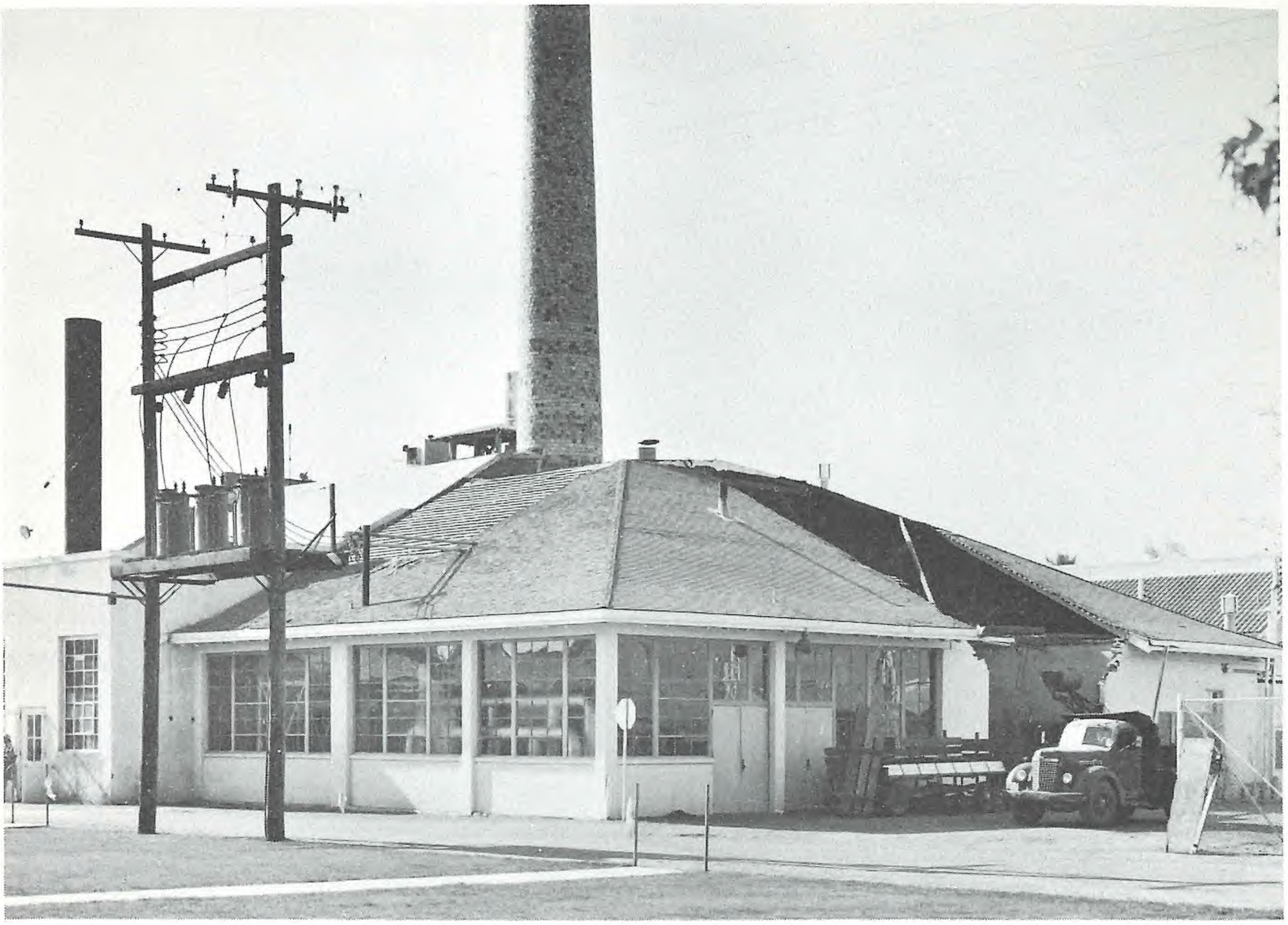
Ward revision allows comfortable arrangement for ward control center.



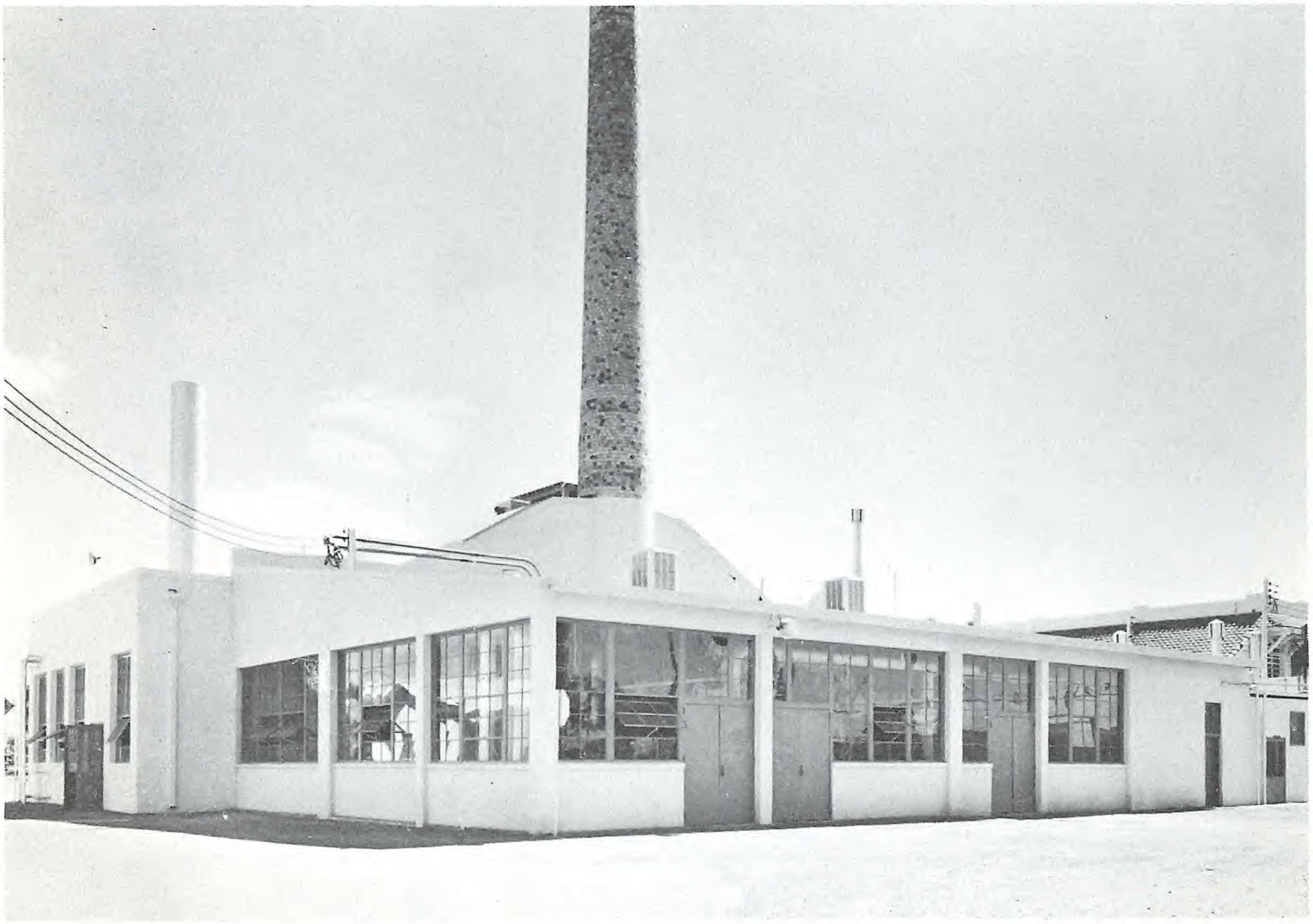
Ten patients busily working at hand folding of laundered items.



Two patients can accomplish the same volume of folding with new automatic folder.



Old power plant area being prepared for new central refrigeration unit. Note aged cedar shingle roof.



Installation complete. Building's face is lifted and new fireproof roofing added.



"STILL NEEDED"



''Still Needed''

Shown here are a few samples of the physical plant conditions which have required correction for many years. Some are scheduled for change during 1959-1960; others shown (and many not shown) await needed appropriations.



This is home? The best ward area in the D-Building.



D-Building, entry to shower area. Note the ill-fitting door jamb, exposed pipes and cracks in this last century structure. The building should be replaced.



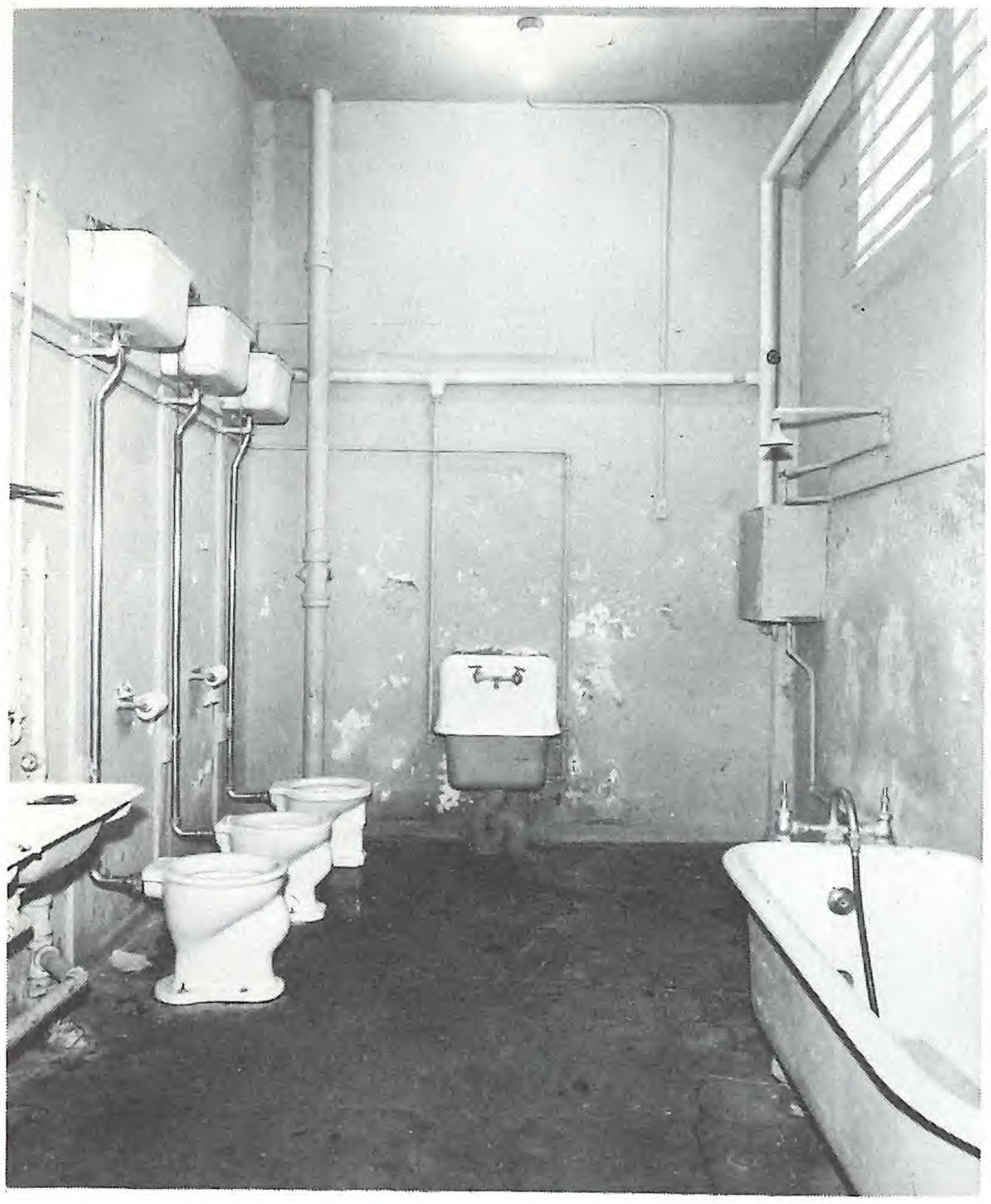
These are the barred cages on Ward D-6 in the "building that can't be rebuilt." It should be replaced.



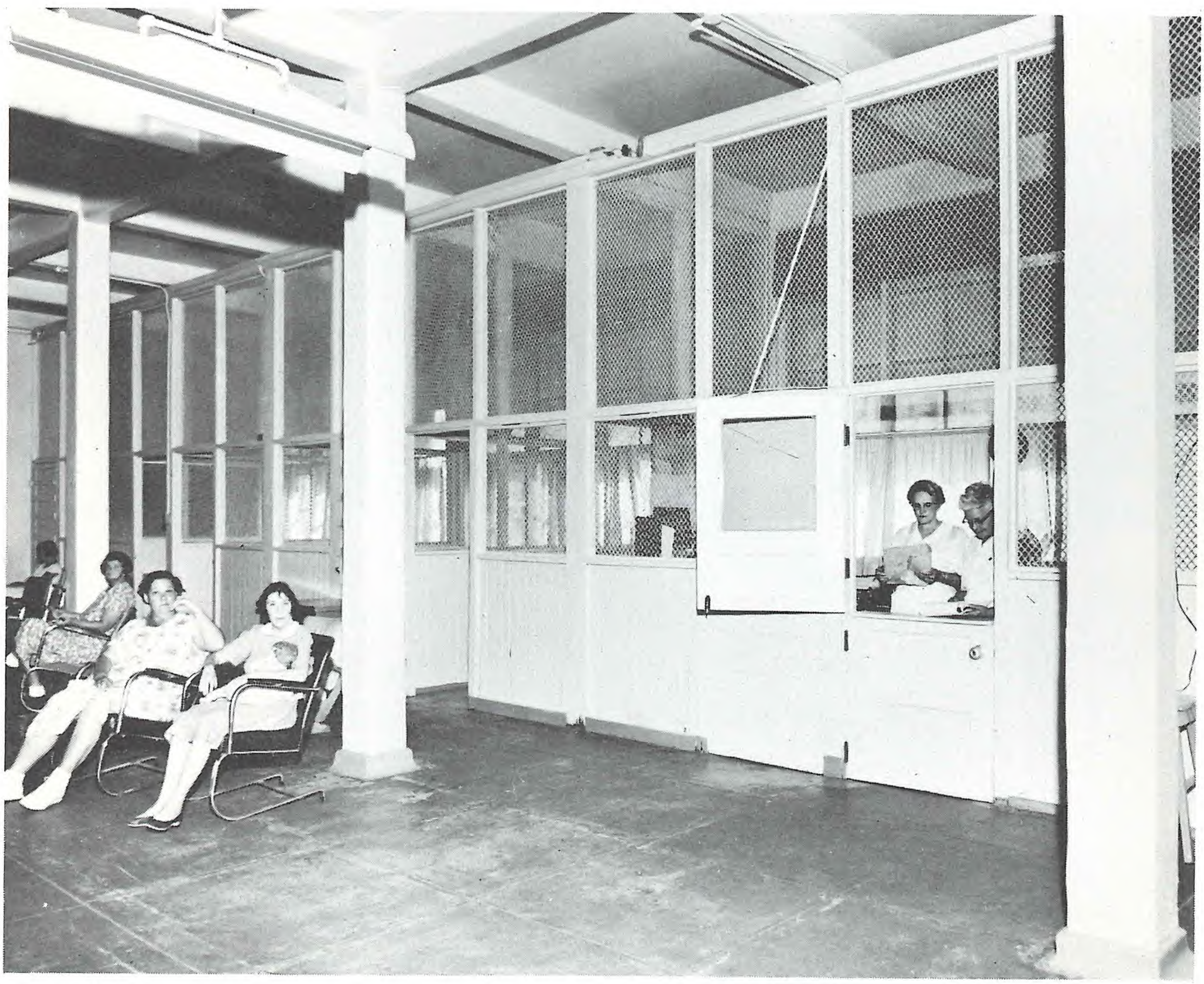
This is a narrow and crowded hallway in the A-Building, which must serve also as sleeping quarters and dayroom for women patients. This will be revised during 1959-1960.



Dormitory area in the A-Building. With no privacy and practically no provisions for personal effects, women from Arizona families are expected to recover from mental illness. This will be revised during 1959-1960.



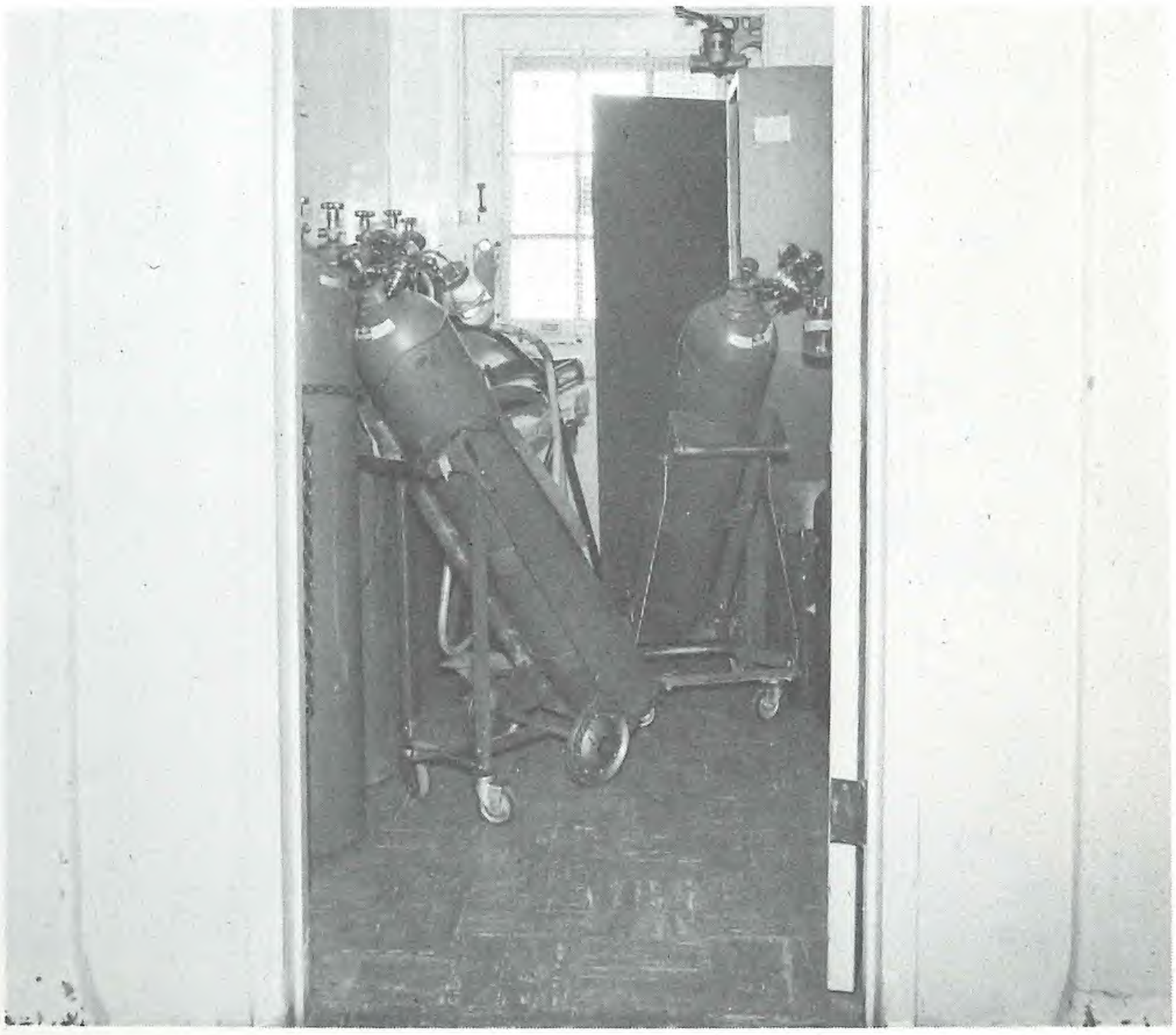
Women's Bathroom, C-Building This building can be rebuilt, but it is difficult to maintain.



C-Building ward area. This difficult to maintain building can be rebuilt.



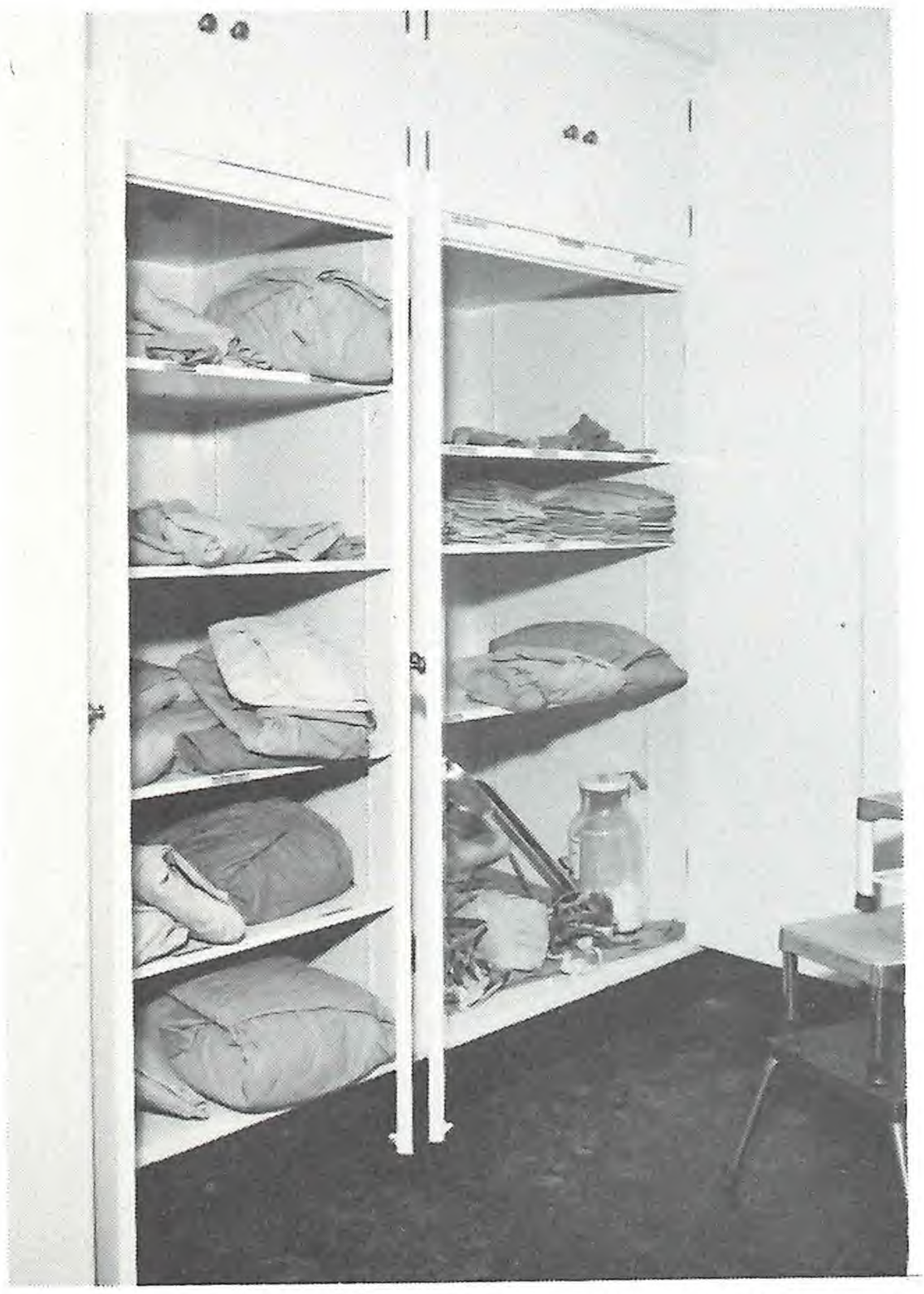
This is the cramped area which serves to autoclave items used in surgery. Area doubles as a Central Supply Department. It is scheduled for alteration this year.



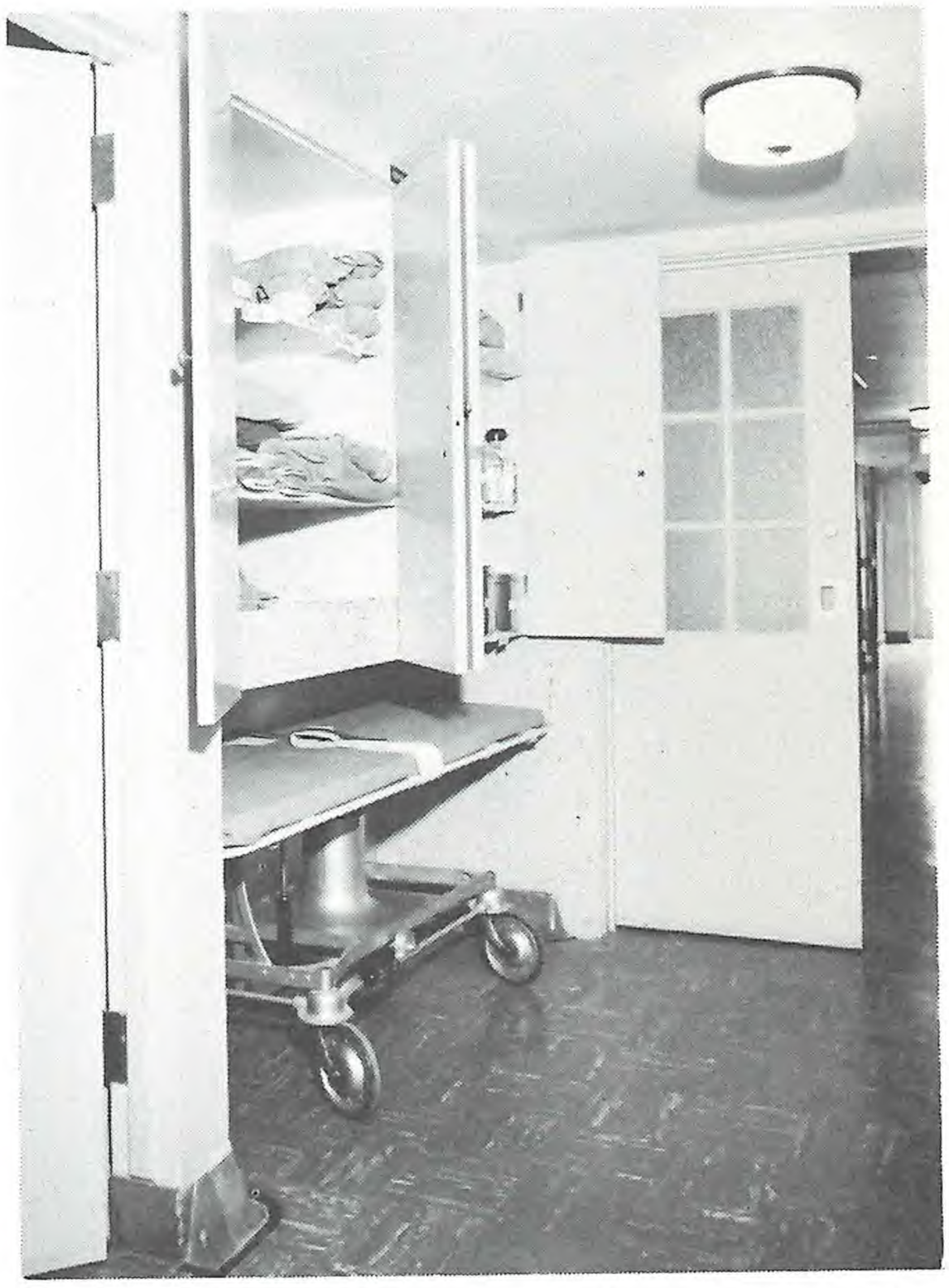
Crowded and unsafe oxygen storage area, scheduled for revision during 1959-1960.



Neat but limited supply room for drugs, requires that these items be stored in several areas instead of one central area. Scheduled for revision during 1959-1960.



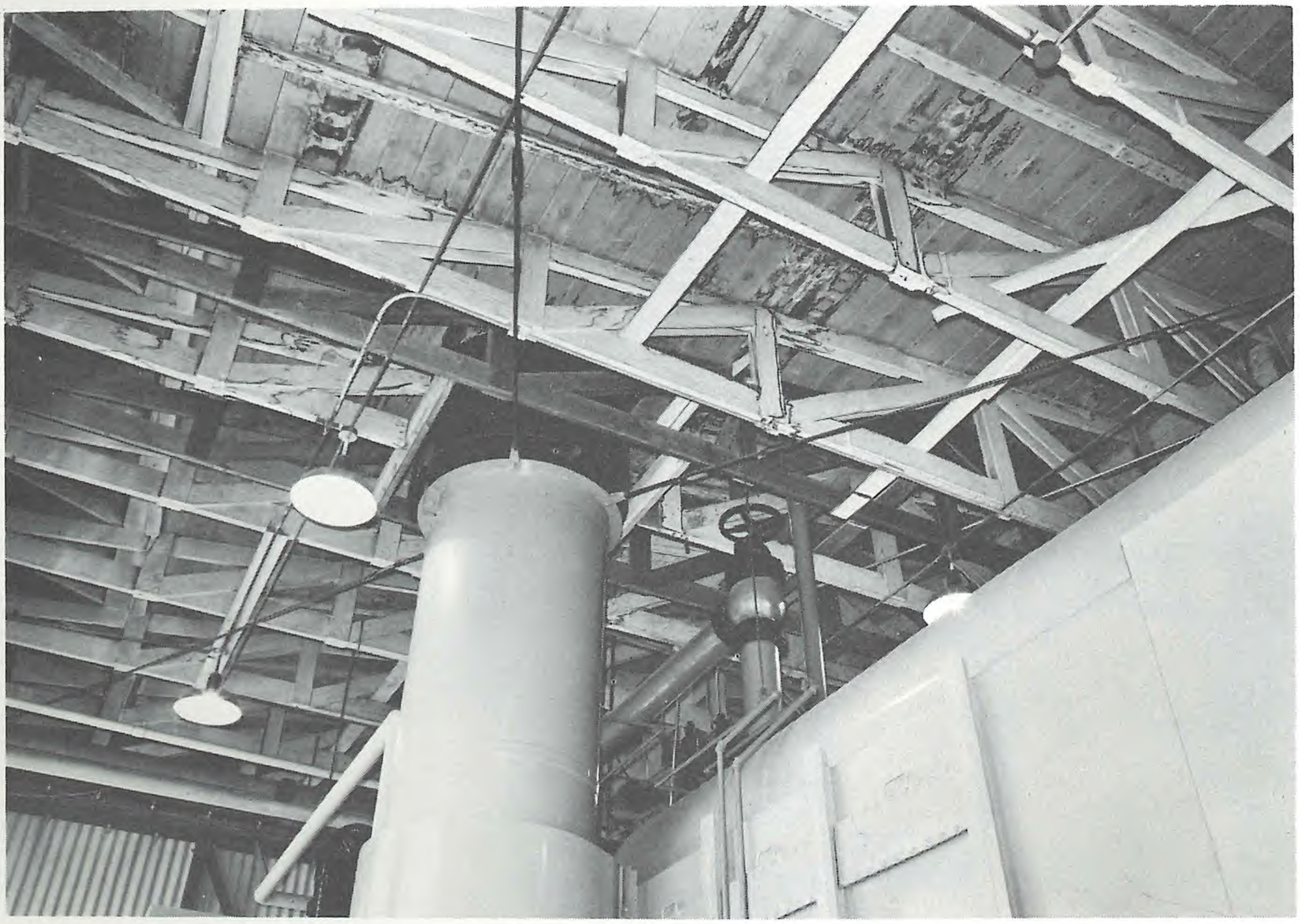
One area of Central Supply, which cannot be truly centralized without revisions planned for 1959-1960.



Cramped and inadequade storage for sterile supplies to be used in Major Surgery. Scheduled for revision during 1959-1960.



This crowded area is part of a make-shift patients' recreation lounge.



All three of the Hospital's boilers, including the new unit shown here, are housed under a very old roof. This should be replaced.



Patients, employees and visitors use the canteen. It deserves more space, better to serve its customers.



This tiny canteen does a surprising volume of profitable business. It can be operated at a greater volume with added space.

Personnel

The need for additional personnel has been stressed each year and now this is an urgent need if the hospital is to continue to provide adequate treatment to the patients. Salary levels have been grossly inadequate to attract trained professional staff and this must be corrected.

Education

The educational program must be expanded so that adequate training can be provided to all categories of employees who are needed by the hospital. The various programs would bring people to the hospital for training and this would be a source of future recruitment. Ultimately, the trained personnel would provide better care and treatment for the patients.

Research

Every hospital should provide the facilities and the staff to conduct Research. It is necessary to know more about the causes of mental illness, the sociological factors which maintain the improvement of the patient and the results of various clinical therapies — RESEARCH SHOULD PROVIDE THE ANSWERS.

The Future

With newer treatments, experimental results and research developments, the mental hospital of the future should be a training and treatment center. This will require small units located close to university centers and research facilities. The Arizona State Hospital should not become larger, but should anticipate an additional small unit in the Tucson area for immediate and rapid treatment.